CONTACT/TRANSPORTATION INFORMATION FORM School Year 2020-2021 (please fill out <u>BOTH SIDES</u> - this form must be returned <u>before</u> the first day of school)

Child's name (**exactly** as you wish it to appear in school directory)

First	Last	M/F	Birthdate	Grade in 2020-21

Families with shared custody please provide a schedule of placement to help our communication throughout the year, if possible.

Primary Contact (this is	the person we will	<u>call first wh</u>	en there	<u>is a concern w</u>	<u>vith your child):</u>	
Parent/Guardian		E-mai	l			
Address		City		State	Zip	
Phone (H)	(W)		_(C)			
Secondary Contact:						
Parent/Guardian		E-mai	l			
Address		City		State	Zip	
Phone (H)	(W)		_(C)			
Third Contact:						
Parent/Guardian		E-mai	l			
Address		City		State	Zip	
Phone (H)	(W)		_ (C)			
Local Emergency Conta	ct (for when parent/	/guardian ca	nnot be re	eached):		
Name	Relationship to child					
Phone (home)	(work)			(cell)		
List the phone number	-					
(This is not for the direct of the year.)	tory; this is the one-j	page phone]	ist that w	e offer to fami	lies at the beginning	

Family Name(s): _____

TRANSPORTATION & EMERGENCY CLOSING INFORMATION

In what school district do you live? _____

My child will travel to and from school by:

 \Box Ride from parents only \Box Walking \Box Carpool

 Public school bus (be sure to call the bus garage to arrange bus transportation ahead of time: Viroqua - 637-1642, Westby - 634-4618)
Wiroqua bus
OB Westby bus
Dave when riding

Viroqua bus _____ OR Westby bus _____Days when riding ______

YOU <u>MUST</u> CALL THE OFFICE WHEN TRANSPORTATION PLANS CHANGE FROM THE ABOVE

EMERGENCY CLOSING PROCEDURE

In the event of an **EARLY DISMISSAL** (usually due to inclement weather), please notify me (choose one):

□ There is no need to contact me. I receive texts/emails from News8000 or other sources.

Email me at ______

Call (name) _______at (phone) ______

My child should be sent home:

 $\hfill\square$ By the usual mode of travel indicated above.

□ If that method isn't available, please indicate an alternate plan (please explain thoroughly):

Parent signature

date

PARENTAL CONSENT

* I give permission for my child(ren) to leave school grounds on foot with a teacher for short trips or to be transported by private car on trips to be made by their class or as a member of a group participating in a special activity or event during the 2020-21 school year. Seatbelts will be used, and all drivers must have proof of current driver's license and car insurance on file.

Yes _____ No _____

Parent signature

date

* Permission is given to Pleasant Ridge Waldorf School to use photographs (individual or group) of my child(ren) in school promotion and solicitation, including newspaper, magazines, news bulletins, movies, television, website, Facebook, and displays.

Yes ____ No ____