WEBB STREET SCHOOL

Please use an ink pen to fill out this form

STUDENT INFORMATION

Name and address of previous school:

2 nd contact name Relationship to		to student	
Place of work	Work Phone	Cell phone	
Home phone			
3 rd contact name	Relationsl	nip to student	
Place of work	Work Phone	Cell phone	
Home phone			
4 th contact name	Relationsh	ip to student	
Place of work	Work Phone	Cell phone	
Home phone			
Please give first and last names	of other adults who have permiss	on to pick your child up from school.	
N.C. Law requires a complete this record to avoid suspension		vs of enrollment. The parent/guardian must pr	resent
1. If your child is injured at s school, what do you want o		something needs to be done before parents get	to
In the event of an emergency, s	chool personnel will determine if	911 should be called.	
2.			