

**The International School at Dundee**  
**Student Contact Information/Early Release Information**  
**2022 - 2023**

**Student Name:** \_\_\_\_\_ **Grade/Teacher:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_

**Where parent(s)/guardian(s) can be reached (Please Print):**

<b>Mother/Guardian:</b> _____	<b>Father/Guardian:</b> _____
<b>Home Address:</b> _____	<b>Home Address:</b> _____
_____	_____
<b>Home Phone #:</b> _____	<b>Home Phone #:</b> _____
<b>Bus. Phone #:</b> _____	<b>Bus. Phone #:</b> _____
<b>Cell Phone #:</b> _____	<b>Cell Phone #:</b> _____
<b>Email Address:</b> _____	<b>Email Address:</b> _____

List two emergency contacts who would have permission to pick up your child and assume temporary care of your child if you cannot be reached during an emergency. These contacts cannot be the same as parents or legal guardians, but may include grandparents, aunts, uncles, childcare providers, friends, and neighbors that live in the **local area**.

**Emergency Contact #1:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**City, State Zip** \_\_\_\_\_  
**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

**Pick up Privileges** ☐ (check box to indicate contact has pick up privileges)

**Emergency Contact #2:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**City, State Zip** \_\_\_\_\_  
**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

**Pick up Privileges** ☐ (check box to indicate contact has pick up privileges)

*By signing this form, you give permission for any of the designated emergency contacts to pick up your child in case of an emergency school closure, illness, or missed bus. Should any of your emergency contact information change during the school year, please remember you need to inform the school as soon as possible. You are also providing consent for the school to share the information on this form with authorized individuals.*

**Parent or Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print First Name:** \_\_\_\_\_ **Print Last Name:** \_\_\_\_\_