

Form C

Lincoln-Way High School District 210
Student Emergency Information

Student Name: _____ ID# _____

Date of Birth: _____ Age: _____ Gender: _____

Activity/Sport: 2017/2018 Pep Band

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Student Cell Phone: (____) _____

Father's Information:

Full Name: _____ Home Phone: (____) _____

Cell Phone: (____) _____ Work Phone: (____) _____

Mother's Information:

Full Name: _____ Home Phone: (____) _____

Cell Phone: (____) _____ Work Phone: (____) _____

Other Emergency Contact Person: _____

Relationship: _____ Phone: (____) _____

Physician Name: _____ Phone: (____) _____

Release of Student Directory Information for Internet Use

I(We), _____ (please print) as parent(s) of
_____ (student ID#) _____ agree that any directory information*
pertaining to my (our) child listed above may be released to the general public (including the media) through the school
district's website on the internet except for that information which I (we) have listed directly below:

(in this space you may indicate any information you do not want released to the general public or may insert "Do Not Release Any Information" if you wish)
*Directory information includes all identifying information such as name, town, gender, grade level, age, birth place, photo, parents' names and town, academic awards, degrees and honors, information in relation to school-sponsored activities, organizations and athletics, major field of study, and period of attendance in the school.

Print Parent Name Parent Signature Date

Print Parent Name Parent Signature Date