

PROGRAM CHALLENGE STUDENT LOCATOR CARD

Students ID # (to filled out by teacher) _____ Home School: _____ Home School Teacher: _____

Student's Name: _____ Sex: _____
(Last) (First) (Middle)

PC Teacher: _____ Grade: _____ Birthdate _____

Parents' Name: _____

Address: _____
(Street) (City, State) (Zip)

Phone: Home _____ Work/Mother: _____

Pager/Cellular: _____ Work/Father: _____

Parent Email Address _____

Medical Concerns/Allergies: _____

Doctor name and phone _____:

***Please **LIST ALL ADULTS AND THEIR PHONE NUMBERS** permitted to check out student, below.

List Names & Numbers of adults you give permission to check out your child.

1. _____
2. _____
3. _____
4. _____
5. _____

Parent's Signature: _____

OFFICE USE ONLY

- Acceptable Use (internet) form on file
- Student Created Work-Release form on file
- Request for Staff to Administer Medication form on file