Willows Preparatory School

Emergency Notification

Student Name: _____ Last First Middle	Grade Level
Birthdate (MM/DD/YYYY) / Gender (M/F)	

Primary Household Information – Resident Address – where student resides

Street Apt #

City State Zip Housing Development (if applicable)

Mailing Address (if different from above)

Street PO Box Apt #

City State Zip

Primary Phone: (_____)_____ ☐ Check if unlisted ☐ Home ☐ Cell* ☐ Work ☐ Other

Parent/Guardian #1
Last Name_____
First Name_____
Employer_____

☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Other _____

Phone 2: (_____)_____ ☐ Home ☐ Cell* ☐ Work ☐ Other
Phone 3: (_____)_____ ☐ Home ☐ Cell* ☐ Work ☐ Other
Email Address: _____

Parent/Guardian #2
Last Name_____
First Name_____
Employer_____

☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Other _____

Phone 2: (_____)_____ ☐ Home ☐ Cell* ☐ Work ☐ Other
Phone 3: (_____)_____ ☐ Home ☐ Cell* ☐ Work ☐ Other
Email Address: _____

* ☐ I grant WPS permission to use the BrightArrow communication system to contact me on all of the cell phones listed in the Primary Household Information section of this form. (Please note: WPS will use BrightArrow to contact you with emergency messages, even if you do not check this box.)

Second Household Information (if a parent lives at an address different from primary)

Street Apt #

City State Zip Housing Development (if applicable)

Mailing Address (if different from above)

Street PO Box Apt #

City State Zip

Primary Phone: (_____)_____ ☐ Check if unlisted ☐ Home ☐ Cell** ☐ Work ☐ Other

Parent/Guardian #3
Last Name_____
First Name_____
Employer_____

☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Other _____

Phone 2: (_____)_____ ☐ Home ☐ Cell** ☐ Work ☐ Other
Phone 3: (_____)_____ ☐ Home ☐ Cell** ☐ Work ☐ Other
Email Address: _____

Parent/Guardian #4
Last Name_____
First Name_____
Employer_____

☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Other _____

Phone 2: (_____)_____ ☐ Home ☐ Cell** ☐ Work ☐ Other
Phone 3: (_____)_____ ☐ Home ☐ Cell** ☐ Work ☐ Other
Email Address: _____

Please fill out other side →

Emergency Contacts

When injury or illness involving your child occurs, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list person(s) you trust who are available during the day to provide care for your child. We suggest at least one local contact and one out of state contact. Please be sure to list anyone who may need to pick your child up from school (i.e., carpool drivers).

1. Name:	Relationship:	Phone: (_____)_____
2. Name:	Relationship:	Phone: (_____)_____
3. Name:	Relationship:	Phone: (_____)_____
Student Release Authorization: In the event the school is unable to contact the parent/guardian, I authorize the school to release my student to the person(s) listed above.		
For all grades, in the event of an unanticipated dismissal of school we will attempt to contact parents/guardians. If we are unable to reach you, please indicate if your student has permission to: ☐ go home with another adult ☐ walk home		

Siblings in District

Name:	School:
Name:	School:
Name:	School:

Verification of Information: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in Willows Preparatory School.

Legal Parent/Guardian Signature _____ **Date** _____

Please notify your the school if any of the information on this form changes during the school year.