

Dollar Bay-Tamarack City Area Schools Emergency and Information Form

Pupil's Names (please list each child in your family)... (SEE CODES LISTED BELOW TABLE FOR ETHNICITY)

STUDENT'S NAME	ETHNICITY	GRADE	BIRTHDAY	SOCIAL SECURITY NUMBER	Male	Female

Ethnicity: (1) American Indian or Alaska Native
(2) Asian American
(3) African American
(4) Native Hawaiian or Other Pacific Islander
(5) White
(6) Hispanic or Latino

Physical Street Address (911... House Address)_____

Mailing Address _____

Mother_____ Mother's Day Time Phone (work)_____

Father _____ Father's Day Time Phone (work)_____

HOME PHONE _____

Status of Home - Living with _____ both parents _____ mother _____ father
(PLEASE CHECK STATUS) _____ mother & stepfather _____ father & stepmother
_____ other (who?) _____

Guardianship: (circle one) father mother both other_____

Guardian's email address: _____

Do you have access to the web? _____ yes _____ no

Emergency Contact #1: Name _____ Phone _____

Emergency Contact #2: Name _____ Phone _____

Doctor's Name _____ Doctor's Phone _____

Dentist's Name _____ Dentist's Phone _____

Hospital Preference: Portage Health System or Aspirus Keweenaw (circle one)

_____ We have adequate insurance to protect our child in case of an accident.

_____ Other (explain) _____

Please list any health problems or concerns including allergies:

If school is closed early my children are to: _____ go home as usual _____ wait for parent to pick up

_____ other (explain) _____

Student Status:

_____ I am a resident of the Dollar Bay-Tamarack City Area Schools

_____ I am not a resident of DB-TC Schools, but am a resident of the Copper Country I.S.D. and my child is attending DB-TC schools as a school of choice student

Please list below the person or persons that your child may be released to in event of early dismissal or illness:

[illegible]