***Sope Creek Elementary Critical Student Information 2019– 2020***Please complete all information and bring to Meet & Greet or send with your child on the first day of school.

***TRANSPORTATION***

|  |  |
| --- | --- |
| What is your child’s **NORMAL** mode of afternoon transportation?* Bus Number \_\_\_\_\_\_\_\_\_\_ Slot \_\_\_\_\_\_\_\_, Load 1 or 2
* Car Rider
* Walker
* ASP
* Daycare (Daycare Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
 | How will your child go home on the **FIRST DAY OF SCHOOL?*** Bus Number \_\_\_\_\_\_\_\_\_\_ Slot \_\_\_\_\_\_\_\_, Load 1 or 2
* Car Rider
* Walker
* ASP
* Daycare (Daycare Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
 |

***Reminder: All transportation changes MUST be made in writing. No changes will be accepted over the phone.***

***CONTACT INFORMATION***

|  |  |
| --- | --- |
| **Parent/Guardian NAME (first and last)**(List the name of the PRIMARY contact for student) |  |
| **Circle/highlight relationship to student**  | MOM DAD GUARDIAN OTHER |
| **Email address**(Please neatly write or type the email address(es) you would like included in our class group list) |  |
| **Address** |  |
| **Neighborhood** |  |
| **Child’s birthday** |  |
| **Child’s T-shirt Size (for Class Shirt)** |  |
| **Subdivision/Neighborhood** |  |
| **Home Phone** |  |
| **Mom Cell Phone** |  |
| **Mom Work Phone** |  |
| **Dad Cell Phone** |  |
| **Dad Work Phone** |  |
| **Emergency Contact & phone** |  |
| **Emergency Contact & phone** |  |
| **Allergies or health issues** |  |


***INFORMATION***

|  |  |  |
| --- | --- | --- |
| Sibling Name | Grade | Teacher |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

***Emergency Inclement Weather Information
EMERGENCY PLAN FOR EARLY DISMISSAL IN CASE OF INCLEMENT WEATHER***

IMPORTANT NOTE: If school closes during the regular school day for any reason, the After School Program will not be open. School closings are announced by local radio and television stations.

In case of emergency, my child will:

* Ride Bus (Number \_\_\_\_\_\_\_\_\_\_ Slot \_\_\_\_\_\_\_\_\_\_\_\_\_ Load 1 or 2).
* Walk home.
* Be picked up by a parent.
* Be picked up by one of the people listed below. (Think about neighbors, friends, and family).

In case my child is not picked up, misses the bus or cannot walk home, I give permission for one of the following people to pick my child up from school.

|  |  |
| --- | --- |
| Name | Phone Number(s) |
|  |  |
|  |  |
|  |  |

***Please answer the following questions to help me know your student better.***

|  |  |
| --- | --- |
| My child is good at |  |
| My child needs help with |  |
| My child enjoys |  |
| Academically, this year I would like to see my child |  |
| Socially, I would like to see my child |  |
| Additional information to ensure a successful year? |  |

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_