

Quincy Public Schools Contact Card

School Name: _____

Below you will find important information regarding you and your child that will be used to contact you for routine and emergency purposes. Please fill in any missing fields and correct any wrong information. This form must be signed and returned with your child to homeroom teacher.

Last Name: _____ **First:** _____ **Middle:** _____ **State ID:** _____

Date of Birth: _____ **Place of Birth:** _____ **Gender:** _____ **HR:** _____ **Grade** _____ **Local ID:** _____

Address: _____ **Access to Internet at home ? (Yes/No)** _____

Race(s): _____ **Hispanic or Latino?** _____ **Home Language:** _____

Student Phone: _____ **Student Cellphone:** _____ **Student Email:** _____

Contact 1

Name:	
Relationship:	
Address:	
City, State ZIP	
Home Phone:	
Work Phone:	
Cell Phone:	
Primary email:	

Contact lives with student Contact may pick up Receives grade mailings Receives conduct mailings Receives other mailings

Contact 2

Name:	
Relationship:	
Address:	
City, State ZIP	
Home Phone:	
Work Phone:	
Cell Phone:	
Primary email:	

Contact lives with student Contact may pick up Receives grade mailings Receives conduct mailings Receives other mailings

Member of Military Information

Quincy Public Schools is now required by law to identify students of military families and to submit this information electronically to the Department of Elementary and Secondary Education. Please select one of the choices below for your child. In case none of these categories apply, please select NOT APPLICABLE.

Children of Active Duty Member(s) of the uniformed services:

Not Applicable National Guard and Reserves on active duty orders Child of member(s) or veteran(s) who are medically discharged or retired within one year Child of member(s) who died on Active Duty

School Regulations do not permit sending a child home alone. How shall your child be transported?

Contact 1 Contact 2 Parent will arrange for taxi at parent's expense Other _____

In case of emergency

Student's Primary Care Physician: _____ Phone: _____

Name of medical insurance company: _____ Policy: _____ Phone: _____

Is there any other legal information that the school should be aware of? (Documentation is required)

Parent/Guardian _____ Date: _____

More information on back, please turn over.

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Contact 3

Name:	
Relationship:	
Address:	
City, State ZIP	
Home Phone:	
Work Phone:	
Cell Phone:	
Primary email:	

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Contact 4

Current Information

Corrections

Name:	
Relationship:	
Address:	
City, State ZIP	
Home Phone:	
Work Phone:	
Cell Phone:	
Primary email:	

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Contact 5

Current Information

Corrections

Name:	
Relationship:	
Address:	
City, State ZIP	
Home Phone:	
Work Phone:	
Cell Phone:	
Primary email:	

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Siblings Information

Please note # of Siblings: Older Brothers _____ Younger Brothers _____ Older Sisters _____ Younger Sisters _____

Sibling 1: Name _____ School: _____ Grade: _____
 Sibling 2: Name _____ School: _____ Grade: _____
 Sibling 3: Name _____ School: _____ Grade: _____
 Sibling 4: Name _____ School: _____ Grade: _____