

**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.

# Quincy Public Schools Contact Card

## Contact 3

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 4

### Current Information

### Corrections

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 5

### Current Information

### Corrections

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

## 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: \_\_\_\_\_