PLEASE RETURN PRIOR TO OR ON 9/7/17

ATTENDANCE OFFICE *COMPLETE SECTIONS ONLY IF YOU HAVE HAD CHANGES WITHIN THE LAST SCHOOL YEAR*

Clearview Regional High School (2017-2018 School Year)
Parent/Guardian Contact Information

STUDENT NAME: _____ **Grade (as of 9/7/17)** _____
LAST **FIRST** **MIDDLE**

1st Contact Phone # (This # will be used for all Global Connect phone calls ~ please list one only): _____

Home Address:_____ (P.O. Box if applicable): _____
City/State/Zip Code:_____
FATHER'S NAME _____ **CELL #:** _____ ***WORK#:***_____
Name & Address of Employer: _____
MOTHER'S NAME: _____ **CELL #:**_____ ***WORK#:***_____
Name & Address of Employer: _____
Parent/Guardian E-mail Address: _____

(CHOOSE *ONE* OF THE FOLLOWING 6 BLOCKS) Place a check in the appropriate box:
☐ **Student lives with (a) Both Natural Parents** ____ **(b) MOTHER** ____ **(c) FATHER** ____ **(d)MOTHER&STEPFATHER** ____ **(e)FATHER&STEPMOTHER** ____
(f) Other(*please specify*):_____
If not living with BOTH* Mother & Father, *custody is granted to: (fill in line below)
☐☐☐☐☐☐☐☐ (a.) JOINT_____ (b.) Mother only_____ (c.) Father only_____ (d.) Other -please specify_____
***Are there any legal restrictions re: custody that we should know about*:**_____
_____. (If so, please submit documentation to be added to file)
May the student be released from school to the non-custodial parent?_____

CONTACT THE GUIDANCE OFFICE FOR ANY ADDRESS, TELEPHONE, and/or CUSTODY CHANGES DURING SCHOOL YEAR

***PARENT/GUARDIAN SIGNATURE*:** _____ ***DATE*:** _____

Please note that this form is an addition to the green medical emergency card that you will receive from the nurse's office.