

Seymour Comm. School District Secondary Contact Form

Please fill out a separate paper if there is different information regarding each student in household.

Name:

Address:

City, State, Zip:

Primary Phone Number:

Grade:

Date of Birth:

Primary Contacts Name:

Secondary Parent/Guardian's Name:

Address _____

Relationship to Student: _____

City, State Zip _____

Phone _____

Phone _____

Phone _____

Email _____

IMPORTANT

Please fill out entirely.

Secondary Parent/Guardian able to receive information regarding student? Y ____ N ____

Secondary Parent/Guardian able to pick student up from school? Y ____ N ____

If answered no to any of the above, is there legal documentation regarding information Y ____ N ____
necessary?

Seymour School requires documentation to enforce such requests.

Is there any important information regarding your child and the secondary parent/guardian that you feel that the school should know?

This information will be kept confidential and not be released to staff unless necessary.

Primary Parent's Signature: _____

Date: _____