



Holliston Public Schools

www.holliston.k12.ma.us

Student Emergency Information

Last Name: _____ First: _____ Middle: _____

Home Address: _____ Phone: _____

Mailing Address: _____

EMERGENCY CONTACT INFORMATION

Parent Guardian First Contact

Current Information

Change To

Name:		
Relationship:		
Address:		
Home Phone:		
Employer:		
Work Phone:		
Cell Phone:		
E-Mail Address:		

Parent Guardian Second Contact

Current Information

Change To

Name:		
Relationship:		
Address:		
Home Phone:		
Employer:		
Work Phone:		
Cell Phone:		
E-Mail Address:		

In case of accident or illness and I cannot be reached, please contact:

Name:	Address:		
Home Phone:	Work Phone:	Cell Phone:	
Name:	Address:		
Home Phone:	Work Phone:	Cell Phone:	Home Phone:

Student lives with: _____

Who has legal custody of this student? Both Parents Mother Father Guardian Other

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

**Continued on other side
Please return this form to the School Office.**

Required Signatures

Permission to photograph, audiotape and/or videotape my child by school personnel to note classroom/school events.

* **Yes** I give permission **No** I do NOT give permission

Permission to photograph, audiotape and/or videotape my child by local news to highlight educational activities.

* **Yes** I give permission **No** I do NOT give permission

I have read and understand the Student Handbook. Student handbooks can be found at www.holliston.k12.ma.us/handbooks.

* **Yes** **No**

User Agreement for Participating in Electronics Communication Systems

(refer to School Committee Policy titled Technology Acceptable Use Policy, code IJNDB – <http://www.holliston.k12.ma.us/sc/SCPolicies/IJNDB.pdf>)

I have read, understand & agree to follow the district's Acceptable Use Policy (IJNDB) in the District Handbook.

* **Yes** I give permission **No** I do NOT give permission

Directory Information Release

(Refer to School Committee Policy titled Student Records and Directory Information, Code JRA - <http://www.holliston.k12.ma.us/sc/SCPolicies/JRA.pdf>)

Permission for the release of directory information to school and parent based organizations so that I may receive parent mailings.

* **Yes** I give permission **No** I do NOT give permission

Elementary Only

Contact information for elementary students will be included on an emergency early dismissal class list, which will be shared with the Elementary PTSA coordinator and Room Parent(s). *For the safety of our children, no child will be dismissed from school unless the school or a Room Parent has spoken directly to a parent, guardian or backup contact.*

Yes release my child's contact information **No** do NOT release my child's contact information

HS ONLY – Student Information Release to Military

The "No Child Left Behind Act of 2001" passed certain new requirements with respect to Armed Forces Recruiter access to Students and Student Recruiting Information: Duty to Provide Information to Military Recruiters. Unless the parent otherwise requests the District must provide upon request by military recruiters access to high school student's names, addresses and telephone listings. Either the high school student or the parent of the student may request that the student's names, address and telephone listing not be released without the prior parental consent.

Yes release my student's information to military recruiters **No** do not release my student's information to military recruiters

* Parent Signature: _____

* Student Signature: _____

Other children in Holliston Public Schools:

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

***RESPONSE REQUIRED**