

Cambridge Public Schools: Student Information

STUDENT NAME: _____

SCHOOL: _____

Transportation Required: _____ Yes _____ No

Date of Birth/Age: _____ Height: _____ Weight: _____

Home Address: _____

Parent/Guardian: _____ Primary Language: _____

Parent/Guardian Phone: *Please list by order of preference; indicate if it is a home, cell, or work number:*

(1) _____ (2) _____

(3) _____ (4) _____

Parent/Guardian E-Mail Address: _____

A.M. Pickup Address: _____

A.M. Contact: _____ Phone: _____

P.M. Drop off Address: _____

P.M. Contact: _____ Phone: _____

In case of early dismissals, emergencies, etc. please list names, addresses, relationships, and phone numbers of person(s) who will assume responsibility for your child should the need arise and you are not home. List as many as you can – attach an additional sheet if needed.

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Medical Information:

Allergies: _____

Medications: _____

Physician: _____ Phone Number: _____

Hospital of Choice: _____

If you are not going to be home to receive your child please list responsible adult(s) that will be at your drop off location to receive your child. Please make sure that you have called SP&R and let them know there will be someone there other than you. Be aware they will be asked to show identification.

Signature: _____ Date: _____

-OVER-

This information will be shared with SP&R

Informed Consent & Release to Drop Off Child At Home Without Responsible Adult Present

I acknowledge and agree that my child _____ is age twelve (12) or older, and that I wish to have my child dropped off at his/her home without either one of his/her parents/guardians or another responsible adult being present to receive him/her. I further acknowledge and agree that my child may assume the risks associated with this action. By signing this Informed Consent and Release and granting permission as stated herein, I am releasing the City of Cambridge, Cambridge Public Schools and Cambridge School Committee, and their respective officers, directors, agents, members and/or employees from and against all claims, losses and liability arising out of my child being dropped off at his/her home without a responsible adult present. I have read this Informed Consent and Release and understand its terms. I sign it voluntarily and with full knowledge of its significance.

Signature

Date

**Informed Consent and Release to Drop Off High School Child
at CRLS and/or Designated Alternate Home Location**

I acknowledge and agree that my child _____ is a high school student who is attending an out of district placement and has door to door transportation written into his/her individualized education program. I authorize that my child may be dropped off at:

_____ Cambridge Rindge and Latin School ("CRLS") without a responsible adult being present to receive him/her; or

_____ at the home of the following authorized adult whose home is within the boundaries of the City of Cambridge and who will be present to receive him/her. I understand that this authorized adult may be asked by SP&R to show identification at the time of drop off. The authorized adult is as follows: _____

Name

Address

Phone Number

I further acknowledge and agree that my child may assume the risks associated with this action. By signing this Informed Consent and Release and granting permission as stated herein, I am releasing the City of Cambridge, Cambridge Public Schools and Cambridge School Committee, and their respective officers, directors, agents, members and/or employees from and against all claims, losses and liability arising out of my child being dropped off at CRLS without a responsible adult present and/or being dropped off at the home of an authorized adult whose home is within the boundaries of the City of Cambridge and who will be present to receive my child. I have read this Informed Consent and Release and understand its terms. I sign it voluntarily and with full knowledge of its significance.

Signature

Date

This information will be shared with SP&R