

Cabot Public Schools Contact Information Form
(List School Age Students Below)

School: _____ Grade: _____ Child's Name: _____

School: _____ Grade: _____ Child's Name: _____

School: _____ Grade: _____ Child's Name: _____

School: _____ Grade: _____ Child's Name: _____

School: _____ Grade: _____ Child's Name: _____

Parent/Guardian Name: _____ Employer: _____

Mailing Address: _____ City: _____ Zip: _____

Physical Address: (if different from mailing) _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____

Parent/Guardian Name: _____ Employer: _____

Address: (if different from above) _____ Occupation: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____

EMERGENCY INFORMATION

PLEASE LIST OTHER PEOPLE WE CAN CONTACT IN THE EVENT THE ABOVE ARE UNAVAILABLE

Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Is either parent/guardian an employee of the uniformed military services? Yes No

Is either parent/guardian an employee of the LRAFB Civilian Service, McClellan VA Medical Center, Towbin Healthcare or Camp Robinson? Yes No

Primary Language Spoken at Home: _____ Primary Language Student Speaks: _____

Primary Language Parent Speaks: _____

Interpreter Needed for Language or Hearing Impaired for Parent? Yes No

Names and Ages of Non School Age Children Living in the Home: _____

**IT IS THE LAW: ACT 663 – SECTION (5) (H) ANY PERSON WHO KNOWINGLY GIVES A
FALSE RESIDENTIAL ADDRESS FOR THE PURPOSES OF PUBLIC SCHOOL ENROLLMENT IS
GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE (REVISED MARCH 2014)**

Parent/Guardian Signature: _____ Date: _____