

BOSQUE SCHOOL

2008-2009 EMERGENCY-CONTACT INFORMATION

FOR GYM USE, EXPERIENTIAL EDUCATION, FIELD TRIPS, INTERSCHOLASTIC ATHLETICS

(This form must be completed in its entirety for every student—Please Print)

Student Information: Name _____ Social Security # _____

Grade _____ Date of Birth _____ Age _____ Sex _____

Student lives with _____

Health Insurance Provider _____ Group Number _____

Policy Number _____ Hospital Preference _____

Physician _____ Phone # _____

Dentist _____ Phone # _____

Please check if you prefer NOT to receive information via email. _____ May we publish your email address in the Bosque School directory? Yes _____ No _____ If yes, please list the email address to be published in the school directory. _____

Starting in the 2008-2009 school year the school directory will be available for download on the school website at www.bosqueschool.org. A paper version of the directory will be available in the front office after September 15, 2008.

Father's Information: Name _____ Home Phone # _____

Mailing Address _____

Employer _____ Work # _____ Cell # _____ Pager # _____

E-mail _____

Mother's Information: Name _____ Home Phone # _____

Mailing Address _____

Employer _____ Work # _____ Cell # _____ Pager # _____

E-mail _____

Alternate Emergency Contact

In case of emergency/illness/accident and I/we cannot be reached, Bosque School is authorized to notify:

Name _____ Relationship to student _____

Home # _____ Work # _____ Cell # _____ Pager # _____

Grandparents' Information- Bosque School will host a "Grandparents Day" in 08-09

Name _____ Email Address _____

Mailing Address _____

Name _____ Email Address _____

Mailing Address _____

The National Association of Independent Schools (NAIS) requests diversity statistics annually.

We appreciate your help in reporting these statistics accurately.

African American Asian American Native American Multiracial

Latino/Hispanic Middle Eastern American Caucasian Other

