

GRANDPARENTS & OTHERS

This data will help our efforts in keeping our grandparents and others in touch and informed about all the wonderful things going on at The Brook Hill School. They will receive monthly newsletters, invitations to our big events and many activities. In addition, we use this form to verify who is authorized to pickup our student(s).

STUDENT'S NAME: _____

	Person 1	Person 2	Person 3
	Mr. / Mrs. / Ms.	Mr. / Mrs. / Ms.	Mr. / Mrs. / Ms.
Name (Last, First)			
Address			
City, ST, ZIP			
Home Phone			
Cell Phone			
Email			
Relation to Parent <i>Please "check"</i>	<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other _____	<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other _____	<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other _____
Relation to student <i>Please "check"</i>	<input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Other _____	<input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Other _____	<input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Other _____
Emergency Contact	YES / NO	YES / NO	YES / NO
Correspondence	YES / NO	YES / NO	YES / NO
Allow Student Pick-Up	YES / NO	YES / NO	YES / NO

	Person 4	Person 5	Person 6
	Mr. / Mrs. / Ms.	Mr. / Mrs. / Ms.	Mr. / Mrs. / Ms.
Name (Last, First)			
Address			
City, ST, ZIP			
Home Phone			
Cell Phone			
Email			
Relation to Parent <i>Please "check"</i>	<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other _____	<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other _____	<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other _____
Relation to Student <i>Please "check"</i>	<input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Other _____	<input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Other _____	<input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Other _____
Emergency Contact	YES / NO	YES / NO	YES / NO
Correspondence	YES / NO	YES / NO	YES / NO
Allow Student Pick-Up	YES / NO	YES / NO	YES / NO

ADDITIONAL INFORMATION: