

Lincoln-Way High School District 210

Student Emergency Information

Student Name _____ ID# _____

Date of Birth _____ Age: _____ Gender _____

Activity/Sport: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Student Cell Phone: (_____) _____

Father's Information:

Full Name: _____ Home Phone: (_____) _____

Cell Phone: (_____) _____ Work Phone: (_____) _____

Mother's Information:

Full Name: _____ Home Phone: (_____) _____

Cell Phone: (_____) _____ Work Phone: (_____) _____

Other Emergency Contact Person: _____

Relationship: _____ Phone: (_____) _____

Physician Name: _____ Phone: (_____) _____

Release of Student Directory Information For Internet Use

I (We), _____ (please print) as parent(s) of

_____ (student ID#) _____ agree that any directory information* pertainin
to my (our) child listed above may be released to the general public (including the media) through the school district's web site on the internet exce
for that information which I (we) have listed directly below:

(In this space you may indicate any information you do not want released to the general public or may insert "Do Not Release Any Information" if you wish.)

*Directory information includes all identifying information such as: name, town, gender, grade level, age, birth place, photo, parents' names and town, academic
awards, degrees and honors, information in relation to school-sponsored activities, organizations and athletics, major field of study, and period of attendance in th
school.

Print Parent Name

Parent Signature

Date

Print Parent Name

Parent Signature

Date