

Please list below individuals to whom your child may be dismissed from school. This would include before or after school Day Care. These individuals may also be contacted if your child needs to be dismissed due to illness or other emergency.

Name of Person	Relationship to Child	Home/Cell Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Please tell us where your child should go if there is an **early school closing**. If your child will go to his/her usual dismissal location, please note this below:

* Student will go to usual dismissal location (**HOME/PARENT PICK-UP**) _____ (check if correct)

* Alternative/ Day Care person and location your child should go to in case of early dismissal:

Does your child have health insurance?: yes _____ no _____
Does your child have any medical conditions of which the nurse needs to be aware?
(i.e. bee stings, allergies, asthma)

State of CT Dept. of Education **Dominant Language Survey**

Please answer the following questions:

1. What is the first language your student/child learned to speak? _____
2. What language is spoken the most by other persons in your home? _____
3. What language do you speak the most at home? _____

State of CT Dept. of Education **Racial Survey**. Please choose one.

Ethnicity: Hispanic/Latino YES _____ NO _____

Please choose one or more **RACE(S)**

American Indian or Alaskan Native _____ Asian _____ Black or African American _____

Native Hawaiian or Other Pacific Islander _____ White _____

I understand that my child may **ONLY** be released to an adult listed on the front or back of this form. I will keep this information current by sending any changes to the office in the form of a **WRITTEN** note.

Signature of Parent/Guardian: _____

Date: _____