PLAINVIEW PUBLIC SCHOOLS
STUDENT CONTACT DETAIL

Please Check All That Apply

Contact # 1-(Mom or Dad)

Name: _____ Address: _____
Relationship: _____
Employer: _____
Cell Phone: _____ Home Phone: _____
Work Phone: _____
Email:

Parent/ Guardian	Has Custody	Access to Records	Pick-Up Rights	Emergency Contact	Lives With

Contact #2-(Mom or Dad)

Name: _____ Address: _____
Relationship: _____
Employer: _____
Cell Phone: _____ Home Phone: _____
Work Phone: _____
Email:

Parent/ Guardian	Has Custody	Access to Records	Pick-Up Rights	Emergency Contact	Lives With

Contact # 3-(Grandparents, Aunts, Uncles, Friends)

Name: _____ Address: _____
Relationship: _____
Employer: _____
Cell Phone: _____ Home Phone: _____
Work Phone: _____

Parent/ Guardian	Has Custody	Access to Records	Pick-Up Rights	Emergency Contact	Lives With

Contact # 4-(Grandparents, Aunts, Uncles, Friends)

Name: _____ Address: _____
Relationship: _____
Employer: _____
Cell Phone: _____ Home Phone: _____
Work Phone: _____

Parent/ Guardian	Has Custody	Access to Records	Pick-Up Rights	Emergency Contact	Lives With