

**UNION COUNTY TEAMS CHARTER SCHOOL
STUDENT CONTACT FORM**

School: **UCTEAMS CHARTER SCHOOL**

Date: _____
Grade: _____

Name of Student _____

Date of Birth _____

Home Address _____

Home Telephone # _____

Mother's Name _____

Mother's Cell Phone # _____ Mother's Work Phone _____

Mother's e-mail Address _____

Father's Name _____

Father's Cell Phone # _____ Father's Work Phone _____

Father's e-mail Address _____

IN CASE OF ILLNESS: LOCAL PERSONS TO BE CALLED IN EVENT PARENT CANNOT BE REACHED
Photo ID will be required for the person picking up students from school

Emergency Contact Name _____

Relationship to Student _____

Home Phone # _____ Cell Phone # _____

Emergency Contact Name _____

Relationship to Student _____

Home Phone # _____ Cell Phone # _____

Physician's Name Physician's _____ Phone # _____

Dentist's Name Dentist's _____ Phone # _____

Physicals are required for 1) All new entrants and 2) Grades K, 2, 4, 7 and 10. These physicals may be given by your private physician - written proof required - by October 15th.

Printed Name of Parent/Guardian Signing Form _____

Signature (form must be signed) _____