

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

School: **UCTEAMS CHARTER SCHOOL**

Date: August 10, 2022  
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) \_\_\_\_\_