

Please  
complete  
ALL items.

# Parma City School District HOME COMMUNICATIONS CARD

School Year \_\_\_\_\_  
School \_\_\_\_\_  
Grade \_\_\_\_\_ Room \_\_\_\_\_  
Homeroom Teacher \_\_\_\_\_  
Bus \_\_\_\_\_ Locker No. \_\_\_\_\_

Student ID# \_\_\_\_\_  
Student's Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_

Student's Address \_\_\_\_\_ Apt. # \_\_\_\_\_

Home Phone \_\_\_\_\_ Unlisted?  Yes  No

Your child will ONLY be released to the following listed people unless the school office is otherwise notified in advance.

## 1. PARENT / GUARDIAN TO BE CONTACTED FIRST:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_ E-Mail Address \_\_\_\_\_

RELATIONSHIP TO CHILD:  Parent  Stepparent  
 Guardian  Grandparent

If no phone is available in the home or place of business, phone number where parent/guardian can be reached \_\_\_\_\_

The Parma City School District employs a high-tech automated telephone calling system that enables the district to contact parents in the event of a school closing, bus delay, warnings concerning sexual predators and other messages of importance to parents.

Therefore, we ask that you provide us with a single telephone number that has either a voice mail capability, or a number that you monitor on a regular basis. We will use this number as the primary telephone contact number. Our automated telephone answering system will make up to three attempts to call the number you provide when leaving you a message.

Primary Contact Number: \_\_\_\_\_

The district also will contact parents with e-mail messages. These messages will focus on upcoming school events, programs of interest and information important to parents. Please provide us with an e-mail address to which we may send you messages:

E-mail address: \_\_\_\_\_

The information you provide on this form is considered confidential by the district. This information is not sold, traded or provided to any other government institution, organization or business unless provided by law.

## 2. SECOND PERSON TO BE CONTACTED:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_ E-Mail \_\_\_\_\_

RELATIONSHIP TO CHILD:  Parent  Stepparent  
 Guardian  Grandparent  
 Other (List) \_\_\_\_\_

LAST NAME

FIRST NAME

GRADE  
ROOM