



# HIGHLAND SCHOOL

Henry D. Berg, Head of School

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## GENERAL INFORMATION & PERMISSION TO TRANSPORT 2011 - 2012

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Physical Address (if different): \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

**Name of Parent(s) or Guardian(s) with whom student resides:** This information will be used to compile the Highland Pocket Directory. **CHECK THE BOX ADJACENT TO THE INFORMATION IF YOU DO NOT WANT IT PUBLISHED.** If a non-custodial or joint custodial parent should appear in the directory and receive school correspondence, please provide complete address (including email) and telephone information on the reverse side of this form.

**Mother:** \_\_\_\_\_ Email address: \_\_\_\_\_   
 Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Father:** \_\_\_\_\_ Email address: \_\_\_\_\_   
 Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contacts:** Provide the name, complete physical address (no PO Box or property name) and phone numbers of two persons *in the immediate area who do not reside in the same household* who may be called in case neither parent can be reached.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**All Parents:** My child is allowed to participate in school-sponsored trips and travel on the school bus. In the event of an emergency at school or on a school-sponsored trip, I understand that my child may be transported to the hospital by emergency services.

\_\_\_\_\_

\_\_\_\_\_

Date

Signature of Parent/Guardian

**PK – 8 Parents:** The Virginia Department of Social Services requires that a parent/guardian of a student in Grades PK – 8 that participates in our Extended Day Program (whether on a drop-in or regular basis) sign the following statement: I have received, read and agreed to the policies set forth in the Extended Day Handbook. Highland School requires that parents of all students in Grades PK – 8 sign this statement.

\_\_\_\_\_

\_\_\_\_\_

Date

Signature of Parent/Guardian