



# HIGHLAND SCHOOL

Henry D. Berg, Head of

School

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## GENERAL INFORMATION & PERMISSION TO TRANSPORT 2008 - 2009

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 Directory. 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 Family: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**All Parents:** My child is allowed to participate in school-sponsored trips 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