



OAK PARK INDEPENDENT SCHOOL

MANDATORY FORM

Enrollment, Daily Emergency and Disaster Release Information

This document contains student enrollment and emergency contact information which must be updated annually.

return to OPIS

2019-2020 School Year

Student Last Name _____ First _____ Middle _____ Birth Date _____ M / F _____ Grade _____
Student Address (house #, street, city, zip) _____ Student Cell Phone _____ Change from last year? ☐ N ☐ Y

Student is living with: ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Other _____ Whom to call first? _____

Mother Name (first and last) _____ Home Phone _____ Cell Phone _____ Email Address _____

Street Address (house #, street, city, zip) _____ Occupation _____

Father Name (first and last) _____ Home Phone _____ Cell Phone _____ Email Address _____

Street Address (house #, street, city, zip) _____ Occupation _____

Legal Guardian Name (first and last) _____ Home Phone _____ Cell Phone _____ Email Address _____

Street Address (house #, street, city, zip) _____ Occupation _____

Name of Others Living at Home (brothers, sisters, etc.) _____ how related _____ School _____ Grade _____

Name of Others Living at Home (brothers, sisters, etc.) _____ how related _____ School _____ Grade _____

OK to send EMERGENCY text message to cell phones of: ☐ Mother ☐ Father ☐ Legal Guardian

DAILY EMERGENCY CONTACTS AND DISASTER RELEASE CONTACTS

Please designate two **local** adults as **EMERGENCY CONTACTS** who can be responsible for your student if you are not available and your student is ILL or INJURED. In addition, please list **several** local adults who would assume responsibility for your child if you are unable to in the event of a **DISASTER**. (Out of district families are encouraged to list Emergency Contact/s living in or near Oak Park.) **OPUSD STRONGLY urges you to provide an Out of State Contact** in the event of a major disaster. Your child will not be released to anyone whose name and address does not appear below. Proper identification will be required. A contact can be both an Emergency Contact and Disaster Release Contact.

Name	Address	Relationship	Home Phone	Cell Phone	Emergency Contact	Disaster Release
_____	_____	_____	_____	_____	<input type="checkbox"/> and/or <input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/> and/or <input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/> and/or <input type="checkbox"/>	<input type="checkbox"/>
Out of State Contact:	_____	_____	_____	_____		<input type="checkbox"/>

AUTHORIZATION AND SIGNATURES

- In the event of illness or injury, I hereby authorize the school to obtain emergency transportation and treatment for my child.
- I understand the school does not assume any financial responsibility for medical care or emergency transportation. I understand a student accident policy is available for purchase at the beginning of each school year.
- I understand the above information will be treated confidentially and shared with staff on a need to know basis to ensure the health and safety of my child at school.
- I hereby authorize Oak Park Unified School District personnel to release my child to any person listed on the form in the event of an emergency.

**PLEASE SIGN
& DATE**

Signature of Mother/Guardian _____

Signature of Father/Guardian _____

Date _____