

**WHITEHALL DISTRICT SCHOOLS**  
*Shoreline, Ealy, Middle, High School and Home School Partnership*  
**EMERGENCY FORM**

For Office Use Only  
Student Number: \_\_\_\_\_  
Student UIC#: \_\_\_\_\_  
Building/Teacher: \_\_\_\_\_

Student: \_\_\_\_\_ Gender  F  M  
Last name First Name Middle

Student Address: \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street City Zip

Student Cell\_(\_\_\_\_\_) \_\_\_\_\_ (if applicable)

**Student living with (Check all that apply):**

Parent:  Mother  Father  Step Mother  Step Father  
Guardian:  Legal Guardian  Ward of the Court  Foster Parent  Other Relative  Host Family(exchange student)

**CONTACT INFORMATION FOR WHOM CHILD LIVES WITH:**

Name \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

Home # (if different from cell) (\_\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Place of Work \_\_\_\_\_ Work number\_(\_\_\_\_\_) \_\_\_\_\_ Work email \_\_\_\_\_

Name \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

Home # (if different from cell) (\_\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Place of Work \_\_\_\_\_ Work number\_(\_\_\_\_\_) \_\_\_\_\_ Work email \_\_\_\_\_

If parents are divorced or legally separated and students reside at both residences, please list this additional information below. We will do our best to accommodate any mailings to both addresses. Please let the office know of any custody issues and submit any legal documentation necessary.

Parent/Guardian name of second household \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

**IF PARENT/GUARDIAN CANNOT BE REACHED IN EVENT OF EMERGENCY PLEASE CALL:**

1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Relationship Phone#

2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Relationship Phone#

3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Relationship Phone#

**DOCTOR / HOSPITAL / MEDICAL INFORMATION:** Any medical condition or allergy we should be made aware of: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone:\_(\_\_\_\_\_) \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone:\_(\_\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

\*The above signature is an indication by parents or guardian that school officials have the authority to decide emergency care for their children while in school attendance.

**OPT IN AGREEMENT**

I understand by signing this statement the school district may communicate with me through my contact information, including emails, automated phone calls and/or text messages.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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**HANDBOOK**

My signature acknowledges that I have read the school handbook online at ([www.whitehallschools.net](http://www.whitehallschools.net)) or have requested and received a copy of the handbook. I am responsible for abiding by the guidelines and regulations for student conduct contained therein.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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**TECHNOLOGY ACCEPTABLE USE AGREEMENT**

My signature acknowledges that I have read the Technology Acceptable Use Agreement online at [www.whitehallschools.net](http://www.whitehallschools.net) or have requested and read a copy of the agreement. I am responsible for abiding by the guidelines and regulations for student conduct therein.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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**CHROMEBOOK *(not applicable to all grades)***

My signature acknowledges that my child and I have read and agree to the terms of the Chromebook Policy.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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**FIELD TRIP PERMISSION**

My signature acknowledges that I give my child permission to go on all field trips during the current school year. I understand that I will be notified of all school field trips through the school newsletter or notes sent home by the teacher and that students will be transported by school vehicle or private vehicle operated by the teacher and/or staff member.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**LOCKER ASSIGNMENT *(not applicable to all grades)***

In accepting a locker assignment and using the locker, I understand I am fully responsible for all of its contents. I agree that the principal of this building, or his representative, has the joint use and control of it and may open this locker and examine any of the items or contents thereof at any time. This agreement will be in effect as long as I am assigned to a locker.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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**MILITARY STATEMENT**

Is at least one parent a full-time member of the Armed Forces on active duty?     no                       yes

If yes: Name of Armed Forces Branch \_\_\_\_\_ Name of Parent(s) \_\_\_\_\_