**Parents’ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR OFFICE USE ONLY:**

**Student ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lunch Code \_\_\_\_\_ Cab/Bus Route\_\_\_\_\_\_\_\_\_**

**Grade \_\_\_\_\_\_\_\_\_\_\_\_ Room #\_\_\_\_\_\_\_\_ Block # \_\_\_\_\_\_\_\_\_\_\_**

**SHAW EMERGENCY FORM 2022-23**

**Parent/Guardian: Please fill out the form below with as much information as possible.**

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_\_\_\_ Race\_\_\_\_\_ Age\_\_\_\_ \_**

 **(Last) (First) (Full Middle)**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Attended 2016-17 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Birth Certificate # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother’s/Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father’s /Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Emergency Contact Information (Name other than listed above)**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*In case of an accident or any emergencies, please indicate any relative or friend that can be contacted or a place that a message can be left so that you can be notified.**

**Relatives Attending Shaw Elementary**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SHAW VPA ELEMENTARY**

**Authorized Pick-Up List**

**Please list *all adults* who are authorized to pick up your child from Shaw VPA Elementary School.
This list should include any parents/guardians, family members, friends, etc. authorized to pick up
your child. *Your child will only be released to adults you list on this form.* Photo identification will
be required at pick-ups. This list is not the same as emergency contacts listed on the emergency form.

If you choose to add to your pick-up list in the future, you must come to the main office and update this form. *You may not add to the list by phone or written notice*.**

**Student Name:**

**Grade: Teacher:**

|  |  |  |
| --- | --- | --- |
| **Name of Adult** | **Relationship** | **Phone Number** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**PARENT NAME (PRINT):**  **DATE**:

**PARENT SIGNATURE**:

**Technology Usage – Student Agreement**

**I have read the St. Louis Public School District Technology Usage Policy, administrative regulations and guidelines and agree to abide by their provisions. I understand that violation of these provisions may result in disciplinary action taken against me, including but not limited to suspension or revocation of my access to district technology, and suspension or expulsion from school.**

**I understand that my use of the SLPS District’s technology is not private and that the school district may monitor my use of district technology, including but not limited to accessing browser logs, e-mail logs, and any other history of use. I consent to teacher-monitoring of my activities on the SLPS District network or the Internet. I consent to district interception of or access to all communications I send, receive or store using the SLPS District’s technology resources, pursuant to state and federal law.**

**Signature of Student**  **Date**

**Signature of Parent/Guardian Date**

**Home/Cell Phone Number Address**

 **St. Louis Public Schools Media Release Form**

**I understand the photograph(s) or video or audio recording(s) taken of my child by agents, employees or representatives of the St. Louis Public Schools (SLPS) shall be used in connection with the SLPS’s dissemination of information by its public service and academic programs to the general public.**

**I hereby irrevocably authorize the SLPS to copy, exhibit, publish, or distribute any and all such images and audio of my child or wherein he or she shall appear, including composite or artistic forms and media, for purposes of publicizing SLPS programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my child’s likeness appears.**

**I hereby hold harmless and release and forever discharge the SLPS from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my or my child’s behalf, may have by reason of this authorization.**

**Child’s Legal Name** **Birthdate**

**I hereby certify that I am the parent or guardian of, the minor named above, and do hereby give my consent without reservation to the above mentioned.**

**Signature** **Date**

**Printed Name**