

Baltimore County Public Schools
Pikesville High
 Student Contact Information for School Year 2011-2012

Student _____

Grade: _____
Date Of Birth: 1/1/0001

No Changes

Siblings (attending BCPS)

First Name	Last Name	Relationship	School	Resides with Student?	
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

Parent/Guardian (Primary contact in the event of a school closing emergency)

Relationship _____ **Resides with Student? (Y/N)** _____

First _____ **Last** _____

Address Line _____
City, State, Zip _____ **Telephone** _____ **Ext** _____ **Home, Cell, Work** _____ **Number to call** **OK to Text** **Email** _____

Parent/Guardian (to be called if primary contact cannot be reached)

Relationship _____ **Resides with Student? (Y/N)** _____

First _____ **Last** _____

Address Line _____
City, State, Zip _____ **Telephone** _____ **Ext** _____ **Home, Cell, Work** _____ **Number to call** **OK to Text** **Email** _____

Other Emergency Contacts (to whom the student can be released from school)

First Name	Last Name	Relationship	Telephone	Ext	Home, Cell, Work
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Student/Parent/Guardian has the right to opt out of the release of contact information to military recruiters. Check the box below to opt out.

_____ Do not release contact information (name, phone and address) to military recruiters.

Do you want your child to participate in the Youth Risk Behavior Survey (YRBS)?

_____ I do not want my child to participate

I certify all information on this form is correct and up-to-date.

 Parent/Guardian Signature

 Date