

STUDENT EMERGENCY NUMBERS

Grade _____ Teacher _____

Please check if address and/or phone number have changed _____

Child's Name _____ M F Birthdate _____

Address _____ Phone _____ Unlisted? Y / N

Residential Father _____ Home Phone _____ Cell _____

Father Employed at _____ Work Phone _____

Residential Mother _____ Home Phone _____ Cell _____

Mother employed at _____ Work Phone _____

The school may contact the following close friend or relative in case of emergency and parents cannot be reached. Permission to release my child from school is granted to those listed below.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Date _____ Signed _____

Please complete the reverse side of this form. Thank you.

MEDIA RELEASE FORM

The Cleveland Heights-University Heights City School District uses photographs of students for publications and visual productions. Also, local media frequently want to interview and photograph students for educational stories.

This form enables you, the parent/guardian, to choose whether your child may be interviewed or photographed by the school system or the media. This form does not apply to the use of photographs and videos for the limited purpose of classroom instruction.

I do _____ do not _____ give permission for my child to be interviewed or photographed by the school system or the news media.

Parent/Guardian Signature _____ Date _____

Address _____

Student's Name _____ Student's School _____

Sibling _____ Age _____ Sibling _____ Age _____

If you elect for your student not to participate in media coverage, Please explain the reason for your decision.
