

LATCH KEY PROGRAM  
STUDENT INFORMATION SHEET

Date \_\_\_\_\_

Name of Child \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Grade \_\_\_\_\_

Name of Father \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Working Schedule (hours) \_\_\_\_\_

Name of Mother \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Working Schedule (hours) \_\_\_\_\_

With whom does child reside? \_\_\_\_\_

Emergency Name & Telephone \_\_\_\_\_

If an emergency occurs and you cannot be reached, does the school have your permission to take your child to the doctor? \_\_\_\_\_

Name of persons (include telephone numbers) other than parents who have permission to pick up your child:

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