

**WICKLIFFE CITY SCHOOLS**  
**Wickliffe Elementary School**  
**Latchkey Registration 2016 -2017**

**STUDENT INFORMATION**

**GRADE:** \_\_\_\_\_ **TEACHER:** \_\_\_\_\_

Name:
Address:
Birthdate:
Allergies:
Medications:

**PARENT INFORMATION**

Father's Name:	Cell Phone:
Home Address:	Home Phone:
Employer:	Work Phone:
Mother's Name:	Cell Phone:
Home Address:	Home Phone:
Employer:	Work Phone:

**EMERGENCY CONTACT INFORMATION (With whom child may be released):**

#1 Name:	Cell Phone:
Home Address:	Alternate Phone:
#2 Name:	Cell Phone:
Home Address:	Alternate Phone:
#3 Name:	Cell Phone:
Home Address:	Alternate Phone:

**Parent's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_