

# LIVONIA PUBLIC SCHOOLS SHARED TIME PROGRAM STUDENT EMERGENCY INFORMATION FORM

**Dear Parent/Guardian:**

Livonia Public Schools provides one or more classes for your child at his/her school during the normal school day. Classes are provided at no charge to all parties; however, this form **must** be completed in order for your child to attend the class(es). Please ensure that all information is complete and that you have signed the form.

**Return this form to your child's school promptly!**

If you have any questions, please phone the Livonia Public Schools Shared Time office at (734) 744-2607.

▶ PLEASE PRINT ◀

<p><b>STUDENT INFORMATION:</b></p> <p>SCHOOL: _____</p> <p>NEW STUDENT?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>GRADE: _____</p> <p>FIRST NAME: _____</p> <p>MIDDLE NAME: _____</p> <p>LAST NAME: _____</p> <p>ADDRESS: _____  <div style="text-align: right; margin-right: 50px;">Bldg/Apt#</div></p> <p>CITY: _____      ZIP: _____</p> <p>IS THIS A NEW ADDRESS?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>PHONE: (____) _____</p> <p>DATE OF BIRTH: _____</p> <p>CITY OF BIRTH: _____</p> <p>GENDER:   M    F    (Circle One)</p> <p>SIBLINGS?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If Yes, please list: _____          _____</p> <p>HAS STUDENT EVER ATTENDED LIVONIA PUBLIC SCHOOLS? _____</p> <p>WHAT PUBLIC SCHOOL DISTRICT DOES STUDENT RESIDE IN? _____</p> <p>IF 8TH GRADER, WHAT SCHOOL WILL STUDENT ATTEND NEXT YEAR? _____</p> <div style="border: 1px dashed black; padding: 5px; margin-top: 10px;"> <p><b>RACIAL ETHNIC CODES: (check one)</b></p> <p>____ CAUCASIAN</p> <p>____ BLACK/CAUCASIAN</p> <p>____ BLACK/AFRICAN AMERICAN</p> <p>____ ASIAN</p> <p>____ HISPANIC</p> <p>____ OTHER: _____</p> </div>	<p><b>PARENT/GUARDIAN INFORMATION:</b></p> <p>LAST NAME: _____</p> <p>FIRST NAME: _____</p> <p>RELATIONSHIP: _____          (____) _____</p> <p>BUSINESS PHONE          (____) _____</p> <p>CELL PHONE          _____</p> <p>LAST NAME: _____</p> <p>FIRST NAME: _____</p> <p>RELATIONSHIP: _____          (____) _____</p> <p>BUSINESS PHONE          (____) _____</p> <p>CELL PHONE          _____</p> <p>EMAIL: _____</p>
<p><b>MEDICAL ALERT</b> (special health issues, allergies, medications, etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>_____</p> <p style="display: flex; justify-content: space-between;"><i>Parent/Guardian Signature</i>      <i>Date</i></p>	