Lake Elsinore USD
School Year 2015-16

Emergency Release Form

Parents/Guardians, Please circle and update any changes to contact information

Student ID: _____

First Initial: _____ Last Name: _____

Legal Name of the Student (Birth Certificate or Equivalent)

Last Name	First Name	Middle Name	Date of Birth	Gender	Grade	Email Address

Primary Household

Address	City	Zip Code	Household Phone (Best number to reach you)	English | Spanish Circle language preferred for all communication

Primary Contact Full Name	Relationship to Student	Contact Order	Guardian	Mailing	Portal Access	Work Phone	Cell Phone	Other Phone	Email Address

Secondary Contact Full Name	Relationship to Student	Contact Order	Guardian	Mailing	Portal Access	Work Phone	Cell Phone	Other Phone	Email Address

Sibling 1 Full Name	Sibling 2 Full Name	Sibling 3 Full Name	Sibling 4 Full Name

Other Household

Address	City	Zip Code	Household Phone (Best number to reach you)

Primary Contact Full Name	Relationship to Student	Contact Order	Guardian	Mailing	Portal Access	Work Phone	Cell Phone	Other Phone	Email Address

Secondary Contact Full Name	Relationship to Student	Contact Order	Guardian	Mailing	Portal Access	Work Phone	Cell Phone	Other Phone	Email Address

Sibling 1 Full Name	Sibling 2 Full Name	Sibling 3 Full Name	Sibling 4 Full Name

Non-Household Emergency/Release Contacts

Primary Contact Full Name	Relationship to Student	Contact Order	Guardian	Mailing	Portal Access	Work Phone	Cell Phone	Other Phone	Email Address

Secondary Contact Full Name	Relationship to Student	Contact Order	Guardian	Mailing	Portal Access	Work Phone	Cell Phone	Other Phone	Email Address

Please contact the school if preferred contact methods change throughout the school year

Parent/Guardian Signature (required):	Date:

Office Use Only

Entry Date:	Entered By:
Teacher:	Rm #
☐ Confidential Document on File	☐ Proof of Residence
Intra District # Date:	Inter District # Date:

SEE OTHER SIDE OF FORM