

MVP Student Directory & Contact Information Sheet

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Student Information			
Last Name:	First Name:	Middle Name:	
Date of Birth:	Grade: <input type="checkbox"/> 11 <input type="checkbox"/> 12	School District: <input type="checkbox"/> FHS <input type="checkbox"/> GHS <input type="checkbox"/> NRHS	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary		Student Cell Phone Number:	
Primary Residential Address:			
Mailing Address:			

Parent/Guardian Information		
	Parent/Guardian 1	Parent/Guardian 2
Name		
Street Address		
Mailing Address		
City/State/Zip Code		
Cell Phone #		
Email Address		
Work Phone		
Relationship to Student		
Monty Tech uses "School Messenger" to relay important information such as cancellations, delayed openings & other information. Phone Number to receive this information: _____		

Emergency Contact Information & Authorization for Release of Student from School					
* PLEASE LIMIT EMERGENCY CONTACTS TO THE ENTRIES BELOW. *					
1. DO NOT INCLUDE parent/guardians listed previously on this form 2. PRINT all information 3. <u>ONE PERSON PER LINE PLEASE</u> 4. A valid driver's license must be presented upon arrival to dismiss or meet with school representatives regarding your student. 5. List all contacts who may act on your behalf in case of sudden illness, accident, emergency, disciplinary issue or dismissals. 6. List names in the order they should be contacted. 7. It is the responsibility of the parent to inform the school of any changes in the information listed on this form.					
	Name	Relationship to Student	Daytime Phone Number	Nurse's Office (N)/ Disciplinary (D) Contact?	Dismiss from school for non-emergency?
1.				<input type="checkbox"/> N <input type="checkbox"/> D	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> N <input type="checkbox"/> D	<input type="checkbox"/> Yes <input type="checkbox"/> No

MVP Student Directory & Contact Information Sheet

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Emergency Contact Information & Authorization for Release of Student from School

*** PLEASE LIMIT EMERGENCY CONTACTS TO THE ENTRIES BELOW. ***

1. DO NOT INCLUDE parent/guardians listed previously on this form
2. PRINT all information
3. **ONE PERSON PER LINE PLEASE**
4. **A valid driver's license must be presented upon arrival to dismiss or meet with school representatives regarding your student.**
5. List all contacts who may act on your behalf in case of sudden illness, accident, emergency, disciplinary issue or dismissals.
6. List names in the order they should be contacted.
7. **It is the responsibility of the parent to inform the school of any changes in the information listed on this form.**

Name	Relationship to Student	Daytime Phone Number	Nurse's Office (N)/ Disciplinary (D) Contact?	Dismiss from school for non-emergency?
3.			<input type="checkbox"/> N <input type="checkbox"/> D	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> N <input type="checkbox"/> D	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			<input type="checkbox"/> N <input type="checkbox"/> D	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.			<input type="checkbox"/> N <input type="checkbox"/> D	<input type="checkbox"/> Yes <input type="checkbox"/> No

By signing below, I am authorizing Montachusett Regional Vocational Technical School to release my child, and/or share information regarding my child, to any one of the contacts above, for the reason(s) specified. I understand they will be contacted, in the order they are listed, **only if the legal parents/guardians listed on the front of this form cannot be reached**. I release all parties from all liability and responsibility while acting in the best interest of my child.

It is the responsibility of the legal parent(s)/guardian(s) to contact the MVP Office Manager whenever you want to update this information. This Emergency Contact Form is our direct line of communication to you, or someone you trust, when you are needed in case of illness/injury, emergency, or dismissal for any other reason. We thank you for acknowledging this responsibility and appreciate your help as we endeavor to serve you.

Authorized Parent/Guardian Signature

Date