

SECURITY FORM

Instructions: Please fill in the names of all Elementary School children attending BACS. If you have more than one child, you need to fill out only one form with all names on it.

FIRST AND LAST NAMES OF CHILDREN	GRADE	TEACHER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Area(s) of pickup: K - 2 3 - 4 5 - 6

FATHER'S NAME _____ MOTHER'S NAME _____

FATHER'S HOME PHONE _____ MOTHER'S HOME PHONE _____

FATHER'S WORK PHONE _____ MOTHER'S WORK PHONE _____

List people who will be picking these students up, including carpool drivers, grandparents, brothers/sisters, etc. Include the days/weeks if possible.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

If a center picks up your child/children, please provide the following information:

Center: _____

Contact Person: _____

Phone Number: _____

Any special instructions: _____

Date

Signature of Parent