STUDENT CONTACT INFORMATION FORM

MANDATORY FORM TO BE SIGNED AND RETURNED

2026-2027 SCHOOL YEAR

If any of this information changes during the school year, please contact your student's teacher/team immediately.

Student's Legal Name:	Home School District:
Student Preferred Name:	Date of Birth:

Parent/Legal Guardian 1 (Primary Contact):		Home #:	
Relationship:		Cell #:	
Address:		Work #:	
City, State, Zip Code:		Email #:	
Lives with Student:	Check: ☐ Yes ☐ No		

Parent/Legal Guardian 2:		Home #:	
Relationship:		Cell #:	
Address:		Work #:	
City, State, Zip Code:		Email:	
Lives with Student:	Check: ☐ Yes ☐ No		

PLEASE PROVIDE GUARDIANSHIP/CUSTODY/RESTRAINING ORDER PAPERWORK AS APPLICABLE

Student Primary Care Physician:		Phone #:	
Address:			
City, State, Zip Code:			

ALTERNATE CONTACTS: The people listed below will be contacted if you, the parent/legal guardian, cannot be reached and there is a situation involving your student. **By listing the names of these people, you, the parent/legal guardian, agree to BOCES sharing information about your student to the alternate contact related to any issue needing immediate attention, including releasing your student to the alternate contact.**

Parent/Legal Guardian Signature:	Date:

Name:	Address:
Relationship to Student:	City, State, Zip Code:
Allowed to pick up Student: : ☐ Yes ☐ No	Phone #:

Name:	Address:
Relationship to Student:	City, State, Zip Code:
Allowed to pick up Student: : ☐ Yes ☐ No	Phone #:

ALTERNATE CONTACTS (continued):

Name:	Address:
Relationship to Student:	City, State, Zip Code:
Allowed to pick up Student: : ☐ Yes ☐ No	Phone #:

Name:	Address:
Relationship to Student:	City, State, Zip Code:
Allowed to pick up Student: : ☐ Yes ☐ No	Phone #:

Name:	Address:
Relationship to Student:	City, State, Zip Code:
Allowed to pick up Student: : ☐ Yes ☐ No	Phone #:

Name:	Address:
Relationship to Student:	City, State, Zip Code:
Allowed to pick up Student: : ☐ Yes ☐ No	Phone #:

Revised: April 2026