

CLARK PUBLIC SCHOOLS
Clark, New Jersey 07066
ADDITIONAL INFORMATION

A. List below e-mail address for Official Mailings from School:

Preferred e-mail (please print) _____

Please check if this is an updated email address.

B. If your child is ill or is released early for any reason, please list additional persons who will be allowed to sign your child out of school or pick up your child at dismissal. (Adult siblings can be included on your list).

C. List how your child will be picked up at dismissal on a daily basis if a parent or guardian will not be the one picking up the child. If it may vary please list the various possibilities that are approved by you in advance.

_____ Yes, you may share this information on these forms with the Valley Road School PTA.

_____ No, you may **NOT** share this information with the Valley Road School PTA.

_____ Only share this information with the Valley Road School PTA for emergency phone calls.

CHILD'S NAME: _____
(Please Print)

TEACHER: _____

PARENT'S NAME: _____
(Please Print)

PARENT'S SIGNATURE: _____ Date: _____

