

**BARRINGTON PUBLIC SCHOOLS
ENROLLMENT FORM**

SCHOOL SECTION

PLEASE PRINT

Complete one form for each student and return to your child's school

STUDENT NAME: _____

ADDRESS _____

SCHOOL _____ GR. _____

_____ I do not want my student contact information shared with the PTO for directory use.

_____ I do not want my email used for school announcements.

EMERGENCY CONTACT INFORMATION: (When parents cannot be reached)
(Please be sure to indicate the area code for phone numbers)

CONTACT #1 _____

RELATIONSHIP TO CHILD _____

ADDRESS (Optional) _____

PHONE () _____ Type (Please circle): H W C PHONE () _____ Type (Please circle): H W C

CONTACT #2 _____

RELATIONSHIP TO CHILD _____

ADDRESS (Optional) _____

PHONE () _____ Type (Please circle): H W C PHONE () _____ Type (Please circle): H W C

CONTACT #3 _____

RELATIONSHIP TO CHILD _____

ADDRESS (Optional) _____

PHONE () _____ Type (Please circle): H W C PHONE () _____ Type (Please circle): H W C

CONTACT #4 _____

RELATIONSHIP TO CHILD _____

ADDRESS (Optional) _____

PHONE () _____ Type (Please circle): H W C PHONE () _____ Type (Please circle): H W C