Lambton Kent District School Board

Student Achievement / Community Success

Safe Arrival Student Information Sheet

Lakeroad Public School

2008- 09 School Year

Student's Name: _____

Address: _____

In the event that your child is absent from school without prior notice, we will make every reasonable effort to contact you. In order to help ensure your child's safety, we require the following information:

Phone calls will normally be made between 9:00-10:00 a.m. and 1:00-2:00 p.m. Please indicate the phone numbers to be called and prioritize the order in which they should be made (1st, 2nd, 3rd, 4th).

☐ Home Number _____ ☐ Work Number _____ *(mother)*

☐ Work Number _____ *(father)*

☐ Emergency Contact: _____ *(name)* _____ *(relationship eg. grandparent/friend)*

Number: _____

☐ Other Number: _____ *(eg. Cell/Digital/Car Phone)*

I understand that it is my responsibility to contact the school prior to the commencement of the school day to indicate the reason for my child's absence.

On occasions when volunteers are used to assist with the Safe Arrival Program, I give my consent for them to access the information on this sheet.

☐ Yes ☐ No

I understand that it is my responsibility to ensure that the school is kept up-to-date on current data for this Safe Arrival Student Information Sheet.

_____ *Parent/Guardian Signature*

_____ *Date*

Information on this form is collected under the authority of The Education Act, and will be used to contact the student's family in the event of an emergency. Questions about this collection of personal information should be directed to the principal.