

USD 291, Grinnell School Enrollment Form

Parent/Guardian Name _____

Address _____

Student's Name _____ Birthdate _____

Student's Name _____ Birthdate _____

Student's Name _____ Birthdate _____

Student's Name _____ Birthdate _____

In Case of an Emergency

In case of emergency, we will attempt to contact parent/guardian first. In the event we cannot do this, please provide the name of a relative or close friend that we may contact:

Parent Contact Numbers: Father:# _____ Mother:# _____

Other Contact in case of an emergency:

Contact: _____ Phone # _____

Contact: _____ Phone # _____

Notification System

This communication system will be used to inform parents of school closings,
time of return from school functions and emergency situations.

1st Phone Number _____

2nd Phone Number _____

3rd Phone Number _____

****Required**** Email Address _____