

Lake Olympia Middle School EMERGENCY CONTACT UPDATE

STUDENT NAME: _____

GRADE: _____

STUDENT ID# _____

ADD NAME: _____

RELATIONSHIP: _____ PHONE: _____

ADD NAME: _____

RELATIONSHIP: _____ PHONE: _____

DELETE NAME: _____

RELATIONSHIP: _____ PHONE: _____

Acknowledgement Statement and Parent/Legal Guardian Signature

I confirm by my signature below that the information listed above is correct and true.

Signature of Parent/Legal Guardian: _____

Date: _____

Print Name: _____

SPACE BELOW FOR CAMPUS USE ONLY

CAMPUS VERIFIED

Address ☐
Documents ☐
Parent ID ☐

DATE/INITIAL _____

COMMENT(S)