



HILLSIDE STUDENT COMMUNITY SCHOOL

Emergency Information Form

Please complete, sign and mail to Hillside.

Emergency Contact Information

Name of Student: _____

Please provide current work and cell phone numbers of all parents, step-parents and/or guardians:

Father's Name: _____

Work Phone: _____

Email: _____

Cell Phone: _____

Mother's Name: _____

Work Phone: _____

Email: _____

Cell Phone: _____

Stepfather's Name: _____

Work Phone: _____

Email: _____

Cell Phone: _____

Stepmother's Name: _____

Work Phone: _____

Email: _____

Cell Phone: _____

Guardian's Name: _____

Work Phone: _____

Email: _____

Cell Phone: _____

Emergency Contact's Name: _____

Work Phone: _____

Email: _____

Cell Phone: _____

Field Trip & Off Campus Activities Permission

All students registered at Hillside Student Community participate in field trips and other off campus activities unless otherwise noted by parent in writing. It is important to realize that all activities of this nature represent broader involvement such as travel, new places and new challenges, thus exposing the student to the possibility of a certain amount of mishaps and potential injury regardless of the extent of supervision. As much as possible, field trips will be announced in advance.

I hereby give Hillside Student Community permission to remove my child from the school facilities during the regular school day for field trips to various locations by means of walking, bus, car, or other.

Parent's or Guardian's Signature: _____ Date _____

For extended field trips outside of normal school hours, parents will be required to complete an additional extended field trip waiver.

Parents providing transportation for field trips must provide Hillside Student Community with a copy of current driver's license and proof of insurance prior to transporting children. To insure student safety, Hillside will run a Washington State Patrol background check on all non-staff drivers for field trips.

Alternate Drivers

I give permission for _____ to go home with any of the following drivers in addition to his/her parents or guardians:

Name of Driver: _____

Name of Driver: _____

Parent's or Guardian's Signature: _____ Date _____

Unforeseen Early Dismissal

I give permission for _____ to go home with any of the following Hillside students in the event that I cannot be reached during an unforeseen early dismissal:

Student's Name: _____

Student's Name: _____

Student's Name: _____

Parent's or Guardian's Signature: _____ Date _____

I also give permission for my child to receive a ride from another Hillside parent in case of emergency:

Parent's or Guardian's Signature: _____ Date _____

Emergency Transport Volunteer

I have an all weather vehicle and would be willing to help transport students in the event of an emergency.

Parent's or Guardian's Signature: _____ Date _____

This form can be filled out electronically but must then be printed, hand signed, and mailed to:

Hillside Student Community School
Attn: Joel Slagle
5027 159th Pl. SE
Bellevue, WA 98006-3636

(425) 747 - 6448 joel@hillsidesc.org