

**RELEASE AND PERMISSION**

This is a legally binding release executed by the above named Student’s Parent/Guardian, to the Central City Cyberschool of Milwaukee (hereinafter “Cyberschool”). The Parent/Guardian hereby grants permission for the Student to attend the Cyberschool and to participate in all activities as well as field trips offered by the Cyberschool, in full recognition and appreciation of the potential dangers, hazards, and risks.

In the event of a medical emergency, the Parent/Guardian hereby authorizes and grants permission to the Cyberschool, its employees or agents, to administer first aid to the student and/or to obtain emergency medical treatment for the Student. In consideration of the Student being enrolled in the Cyberschool, the Parent/Guardian hereby releases, indemnifies and holds harmless the Cyberschool, its employees and/or agents for any injury, harm, or damage arising out of, or in connection with, the provision of such first aid and/or medical treatment. Further, the Parent/Guardian agrees to pay for all expenses incurred on behalf of the Student during or arising out of a medical emergency in conjunction with the activity.

The Parent/Guardian understands that this release binds heirs, executors, administrators, and assigns of the Student. The Parent/Guardian has read this entire document, fully understands it and agrees to be legally bound by its terms.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please list below anyone other than the Parent/Guardian or Emergency Contact(s) (listed on the reverse side of this form) authorized to pick up the Student from school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOOD ALLERGIES:** (Please list any and all food allergies that our lunch staff should be aware of)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# CENTRAL CITY CYBERSCHOOL

## ~Emergency Contact Form~

Check here if you are only updating information: \_\_\_\_\_

Student's Name \_\_\_\_\_

Gender: Female \_\_\_\_\_ Male \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Level: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ African American \_\_\_\_\_ American Indian \_\_\_\_\_ Asian \_\_\_\_\_ Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_ Pacific Islander \_\_\_\_\_ Other

School Uniform Shirt Size: (Circle One) **XS S M L XL XXL**

### Family Information

Mother/Female Guardian Full Name: \_\_\_\_\_

First middle last

Address (if different from Applicant): \_\_\_\_\_  
Street address Zip Code

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Father/Male Guardian Full Name: \_\_\_\_\_

First middle last

Address (if different from Applicant): \_\_\_\_\_  
Street address Zip Code

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

### **Emergency Contacts:**

1<sup>st</sup> Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

2<sup>nd</sup> Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

### **Non-Emergency Contacts:** (Neighbor, friend, relative)

1<sup>st</sup> Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

2<sup>nd</sup> Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Additional Notes: (Please include any medical conditions or medications that we need to be aware of):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transportation: *(All students must exit out of the gated area at the end of the school day unless signed out at the desk.)*

(Please check one): \_\_\_\_\_ Walker \_\_\_\_\_ City Bus \_\_\_\_\_ Pick-Up\*

If your child is picked up, please list the following:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**(THE REVERSE SIDE OF THIS FORM MUST BE COMPLETED AND SIGNED)**