



Wolfpack Registration Form



Student Name: _____

Grade: _____ Homeroom Teacher: _____

Gender: _____ Date of Birth: _____

Please, indicate Wolfpack need: Morning Wolfpack Afternoon Wolfpack Both AM/PM

Address: _____

Student Lives With: _____ Relationship: _____

Parent/Guardian email address for billing: _____

Parent Information:

Father's Name: _____ Mother's Name: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Name and Grade of any Siblings Enrolled in Buford City Schools:

Check- Out Information:

Proper ID will be required for student pick up. If you would like anyone other than the persons listed to pick up your child, you will need to send a WRITTEN NOTICE. (Remember that the signatures on the written notices will be compared to ensure safety.)

Emergency Contacts:

In case of emergency, name of persons to call if parent/guardian can not be reached

Name: _____ Phone: _____

Name: _____ Phone: _____

Does your child have any unusual ailment, handicap, or allergy that we need to know about? Yes No

Explain:

In case of serious emergency, and I cannot be reached, I hereby authorize the administration of Buford City Schools to seek medical aid for my child, and I will be responsible for any charges for such medical aid.

Parent Name (Please Print) _____

Date: _____

Official Parent/Guardian Signatures:

Relation to Student:
