



Wolf Pack 2011-2012 Registration Form

Start Date: _____

PLEASE CHECK ONE OR BOTH: Morning _____ Afternoon _____

Student's Name _____
Student's Preferred Name (if he/she goes by a middle name or nickname) _____
Student's Homeroom Teacher _____ Grade _____
Date of Birth _____ Sex: Male _____ Female _____
Address _____

Father's Name _____
Father's Signature _____
Home Phone _____ Cell Phone _____
Work Phone _____ Other Phone _____
E-mail address _____
Father or guardian employed by _____

Mother's Name _____
Mother's Signature _____
Home Phone _____ Cell Phone _____
Work Phone _____ Other Phone _____
E-mail address _____
Mother or guardian employed by _____

Student Resides With: _____

The following persons (other than parents) have permission to pick my child/children up from Wolf Pack*:

Name (s) _____ Phone Number _____

Names(s) _____ Phone Number _____

Name (s) _____ Phone Number _____

In case of emergency, name of persons to call if parent or guardian cannot be reached*:

_____ Phone _____

_____ Phone _____

***Proper I.D. and official parent signatures will be required. If you would like anyone other than the persons listed to pick up your child or need to make changes to your information, you will need to send a written notice to the Front Office. Thank you for your cooperation.**

Does your child have any physical ailment, handicap, or allergy that we need to know about?

NO _____ YES _____ 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.

Signed _____ Date _____

**Please read over the attached program information, sign, and return the Registration Form BEFORE the student attends Wolf Pack.
Thank you.**

My child and I have read and discussed the above rules and consequences. We understand that the rules must be followed in order to participate in the Wolf Pack program. As a parent, I agree to follow the attached guidelines.

PARENT'S SIGNATURE

CHILD'S SIGNATURE

DATE

***** Please return the completed registration form (on the back of this form) along with this page only. Keep all other information for future reference.**

Please note that signatures on notes (example: changes in the way your child is to be picked up) will be compared to the registration form. Parents only may make written changes. You are welcome to fax those changes to the school office, however please follow up with a phone call to confirm receipt. We want to keep all the children at Buford Elementary as safe as possible. Thank you for your cooperation.

FOR WOLF PACK EMPLOYEE USE ONLY:

LATE PICK UP:

1 ST	DATE _____	REASON _____
2 ND	DATE _____	REASON _____
3 RD	DATE _____	REASON _____

OTHER:

DISCIPLINE: (COPIES OF THESE FORMS WILL BE KEPT ON FILE)

DATE _____	1 ST NOTIFICATION- WARNING
DATE _____	2 ND NOTIFICATION- SUSPENSION FROM WOLF PACK FOR ONE DAY
DATE _____	3 RD NOTIFICATION- SUSPENSION FROM WOLF PACK FOR ONE WEEK
DATE _____	4 TH NOTIFICATION- SUSPENSION FROM THE WOLF PACK PROGRAM
