



Barrow County Alternative Education Program

54 West Star Street • Bethlehem, Georgia 30620

(770) 867-2900 (Office) • (770) 867-1264 (Fax)

Emergency Information and Check-Out Form

(please print)

Date: ____ / ____ / ____ Student ID # _____ Home School: _____ Grade: _____

Student's Name: _____
First Middle Last

Nickname/Preferred Name: _____

Gender: _____ Preferred Pronouns (circle): he/him she/her they/them other: _____

Date of Birth: ____ / ____ / ____ Student Cell Phone: _____ Student Email: _____

Parent/Guardian: _____ Relationship to Student: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____ Other Phone: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Parent/Guardian: _____ Relationship to Student: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____ Other Phone: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Known Medical Issues (including known allergies): _____

List two other contacts in case of emergency:

Name: _____ Phone: _____ Allowed to pick-up/check-out student? _____

Name: _____ Phone: _____ Allowed to pick-up/check-out student? _____

Please list any special instructions, concerns, or additional person(s) who may pick student up / check student out from school:

I understand that, in order to maintain a safe and conducive learning environment, random safety checks are conducted at the Barrow County Alternative Education Program. During the course of a safety check, a student's pockets, shoes, purse and/or notebooks may be examined for items that impact school safety and/or violate the Student Code of Conduct.

By signing below, I give permission for my child to participate in random safety checks.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Parent/Guardian Name: _____ Date: ____ / ____ / ____

Please Print