



IMAGINE COLUMBUS PRIMARY ACADEMY

4656 Heaton Rd. • Columbus, OH 43229

(614) 433-7510 • Fax (614) 433-7515

Ms. Elizabeth Fry - Principal

EMERGENCY CONTACT/PICK-UP AUTHORIZATION FORM - STI 2

Who has **custody** (determined by the courts) of this student **NOW**? (Circle only one):

Both Parents Mother Only Father Only Guardian Other: _____

With whom does the student **live with NOW**? (Circle only one):

Both Parents Mother Only Father Only Guardian Other: _____

(Please note that if a parent has lost custody/parental rights of a child you must provide us with the paperwork so that we may follow the court decree, without this court documentation we cannot prevent a parent, who has lost their rights, from seeing/ removing their child from school)

PARENT/GUARDIAN INFORMATION (PLEASE PRINT):

Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Relationship to Student: _____	Relationship to Student: _____
Employment: _____	Employment: _____
Work Phone: _____	Work Phone: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Pager: _____	Pager: _____
E-mail Address: _____	E-mail Address: _____

EMERGENCY FIRST PERSON TO CONTACT

Last Name: _____
 First Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Relationship to Student: _____
 Work Phone: _____
 Home Phone: _____
 Cell Phone: _____

EMERGENCY SECOND PERSON TO CONTACT

Last Name: _____
 First Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Relationship to Student: _____
 Work Phone: _____
 Home Phone: _____
 Cell Phone: _____

EMERGENCY THIRD PERSON TO CONTACT

Last Name: _____
 First Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Relationship to Student: _____
 Work Phone: _____
 Home Phone: _____
 Cell Phone: _____

EMERGENCY FOURTH PERSON TO CONTACT

Last Name: _____
 First Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Relationship to Student: _____
 Work Phone: _____
 Home Phone: _____
 Cell Phone: _____

AUTHORIZATION TO PICK UP CHILD FROM SCHOOL:

Please list below **who is allowed** pick up your child from school. Only individuals listed below may pick up your child. (Please note, **PHOTO ID must be shown when picking up child/children**

ABSOLUTELY NO EXCEPTIONS!

Emergency Contacts listed above must be listed here if allowed to pick up a child

