



Community Academy of Philadelphia
a Pennsylvania Charter School

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Philadelphia, PA 19124

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Student Contact Information 2020 -2021

Please print on both front and back of this form.

Student's Name _____ ☐ Male ☐ Female

Birth Date _____ Grade _____ Class _____

Home Address _____ Zip Code _____

Home Phone Number _____

☐ **Please check if this is a new address.**

Please Note: You must provide proof of residency in order to make an official change of address with the school.

Mother/Guardian Name _____ Student lives with? ☐ YES ☐ NO

Work Phone Number _____ Cell Phone Number _____

Email Address _____ OK to pick up? ☐ YES ☐ NO

Father/Guardian Name _____ Student lives with? ☐ YES ☐ NO

Work Phone Number _____ Cell Phone Number _____

Email Address _____ OK to pick up? ☐ YES ☐ NO

Emergency Contact Information

1.) Name _____ OK to pick up? ☐ YES ☐ NO

Relationship to Student _____ Phone Number _____

2.) Name _____ OK to pick up? ☐ YES ☐ NO

Relationship to Student _____ Phone Number _____

3.) Name _____ OK to pick up? ☐ YES ☐ NO

Relationship to Student _____ Phone Number _____

Is there other important information we should knowMedical

Other _____

Transportation Information

To School _____

From School _____

Is student picked up by a sibling/relative enrolled at CAP? ☐YES ☐NO

CAP Siblings/Relatives Authorized to Pick Up Grade Relationship to Student

(Please note: Students in grades K-6 will be released to siblings/relatives in grades 7-12 only.)

CAP Siblings/Relatives Authorized to Pick Up	Grade	Relationship to Student
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other CAP Siblings (In grades K-6) Grade Relationship to Student

Other CAP Siblings (In grades K-6)	Grade	Relationship to Student
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Persons Authorized to Pick Up Student Relationship to Student

Other Persons Authorized to Pick Up Student	Relationship to Student
_____	_____
_____	_____
_____	_____

Parents, Please read and sign!

1. Be aware that you MUST SEND A SIGNED NOTE to your child's teacher if you need to make a change in how they will get home. ALL CHANGES MUST BE MADE IN WRITING.
2. ONLY PERSONS LISTED on this contact sheet will be permitted to pick up your child(ren). Students will not be dismissed to minors. ALL PERSONS LISTED MUST BE PREPARED TO SHOW IDENTIFICATION AT TIME OF PICK UP.

Parent/Guardian's Signature _____ Date _____