



Student\_\_\_\_\_

Phone # \_\_\_\_\_

Parent\_\_\_\_\_

Parent # \_\_\_\_\_

In case of emergency, contact  
parent and then coordinator.

Coordinator\_\_\_\_\_

Phone # \_\_\_\_\_



Student\_\_\_\_\_

Phone # \_\_\_\_\_

Parent\_\_\_\_\_

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Coordinator\_\_\_\_\_

Phone # \_\_\_\_\_



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