

Student Contact Information Form

Please print and fully complete BOTH SIDES of this form.

Student name: _____ Birth date: ____/____/____ Gender: ☐ F ☐ M
Last First Middle Month Day Year

Student home address: _____

City: _____ Zip: _____

Mailing address (if different from home address): _____

City: _____ Zip: _____

Are you temporarily living with others due to a lack of permanent housing, living in a shelter, living in a hotel, or otherwise homeless? ☐ Y ☐ N

Parent/Guardian Information

Parent/guardian 1 name: _____ Relationship: _____

Home phone: _____ Cell phone: _____ Preferred language: _____

Would you like to receive **text messages*** at the above cell phone number with important information from the district or school, such as school closings or upcoming events? ☐ Y ☐ N

Work phone: _____ Email: _____

☐ Lives with student ☐ Has custody of student ☐ Has permission to pick up student ☐ Gets mailings for student

Parent/guardian 2 name: _____ Relationship: _____

Home phone: _____ Cell phone: _____ Preferred language: _____

Would you like to receive **text messages*** at the above cell phone number with important information from the district or school, such as school closings or upcoming events? ☐ Y ☐ N

Work phone: _____ Email: _____

☐ Lives with student ☐ Has custody of student ☐ Has permission to pick up student ☐ Gets mailings for student

Emergency Contact 1

Name: _____ Relationship: _____

Home phone: _____ Cell phone: _____ Work phone: _____

E-mail: _____ Preferred language: _____

Emergency Contact 2

Name: _____ Relationship: _____

Home phone: _____ Cell phone: _____ Work phone: _____

E-mail: _____ Preferred language: _____

A change in address requires documentation. Additional contacts can be added. Please check with your school.

Parent/guardian signature

Date _____

**Text message charges may apply, depending on your cell phone plan. Please check with your provider.*

BALTIMORE CITY PUBLIC SCHOOLS

Opt-out of Release of Directory Information

Unless parents/guardians or eligible students (aged 18 or older) direct otherwise, Baltimore City Public Schools (City Schools) may disclose student name, address, telephone number, photographic image, participation in activities and sports, height and weight (if a member of an athletic team), years in attendance at City Schools, grade level, major field of study, degrees, honors and awards received, and most recent educational institution attended prior to City Schools ("Directory Information").

Parents/guardians and eligible students have the right to request that this directory information not be shared in all or some selected cases.

*As the eligible student or the parent/guardian of the student named on the reverse of this form, I do **not** allow City Schools to release my/my child's directory information (please check all that apply):*

- ☐ in City Schools materials (e.g., playbills, team rosters, school websites, social media, etc.)
- ☐ to United States military recruiters
- ☐ to institutions of higher education
- ☐ to any organization of parents, teachers, students, or former students; businesses; agencies; governmental or political offices; or any combination of these groups
- ☐ to the media
- ☐ to anyone

Opt-out of Tobacco and Risk Behavior Survey

The Youth Tobacco and Risk Behavior Survey (YTRBS) monitors priority health-risk behaviors, including tobacco use and the prevalence of obesity and asthma among youth and young adults. The YTRBS is conducted by the Maryland Department of Health and Mental Hygiene (DHMH) and the Maryland State Department of Education (MSDE) in partnership with the Centers for Disease Control and Prevention (CDC). In addition, Baltimore City Public Schools conducts a similar survey, the Youth Risk Behavior Survey, in partnership with DHMH, MSDE, and the CDC.

Please note that

- Schools and classrooms are randomly selected to participate
- The survey is completely anonymous
- All answers are private
- Student names are not collected on the survey response sheet
- Students will not be asked to complete more than one survey

Additional information about the survey, including a copy of the survey questions, can be obtained at the DHMH website.

☐ *As the parent/guardian of the student named on the reverse of this form, I do **not** give permission for my child to participate in the survey.*

Parent, guardian, or eligible student signature

Date

Please print and fully complete BOTH SIDES of this form.