

**Tug Valley High School**  
**Emergency Contact Information/Student Sign-out Information**  
**2018-2019**

Student Name: \_\_\_\_\_

WVEIS ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

Parent/Legal Guardian's Mailing Address: \_\_\_\_\_

Parent/Legal Guardian's Physical Address: \_\_\_\_\_

Parent/Legal Guardian's Mobile #: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Please provide information of individuals who may sign your child out of school.

Name	Relationship to Student
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	