

**Oldfield Middle School
Guidance Office
2 Oldfield Road
Greenlawn, New York 11740
631-754-5340**

Oldfield Middle School Updated Student Contact Form: 2009-2010 School Year

Dear Parents:

It is imperative that we maintain up to date contact information for each student registered at Oldfield Middle School. Please take a moment to print, complete, and return this form to the OMS Guidance Office at your earliest convenience if any of your contact information has ***recently changed***. In addition, a parent/guardian's signature is required on the space provided below. Having this up to date information available will enable us to mail interims and report cards to the proper address(es) and contact you in the case of any emergencies including early dismissals and/or medical emergencies which may arise during the school year.

Student's Name: _____ **Grade Level:** _____
(LAST) (FIRST)

Home Phone: _____ Street Address: _____

City: _____ Zip Code: _____

Student Resides With: (check one)

Both Parents Mother Father Guardian
Step-Mother Step-Father

Mother/Guardian's Name: _____

Address: _____ E-Mail: _____

Work Phone: _____ Cell Phone: _____

Father/Guardian's Name: _____

Address: _____ E-Mail: _____

Work Phone: _____ Cell Phone: _____

#1 Emergency Contact – Name: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____

#2 Emergency Contact – Name: _____ Relationship: _____

Parent/Guardian Name – Please Print

Parent/ Guardian Signature

_____/_____/_____
Date

Please Return to OMS Guidance Office