



Please fill out the following information and sign the release form. We will keep this information on file, to ensure the safety of your child. Only one Student Information Form per student is required each school year, unless the information changes. Please advise Community Schools if you have changes to this information at any time during the year. **Please mail to:** CFSD Community Schools 2101 E. River Rd. Tucson, AZ 85718. Thank you for your cooperation.

Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

School in which Student (above) is currently enrolled and attends: \_\_\_\_\_ Teacher \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_

Emergency Contact Name(s) \_\_\_\_\_

Phone numbers \_\_\_\_\_

### **Community Schools Release Statement**

*I recognize the risk of illness and injury inherent in any program and am participating in the express agreement and understanding that I am hereby waiving and releasing the instructors and Catalina Foothills Community Schools from and against all claims, costs, liabilities, expenses, or judgments, including attorney's fees and court costs arising out of participation in the program. I hereby agree to the aforementioned statement and release Community Schools and its associates of any financial and/or medical obligation which might be incurred. The following signature authorizes the Catalina Foothills Community Schools to pursue any emergency measures for my child and it is my agreement to pay all costs of collections. The following signature also indicates that all information provided, including name(s), address(es), phone number(s), grade level, and school in which student is currently enrolled are accurate, and acknowledge that false information provided will result in removal from enrolled class(es) without refund or credit. The following signature acknowledges that my student must adhere to all Catalina Foothills School District governing board policies, and I agree to review such policies with my child(ren). Also, that Community Schools and its employees reserve the right to remove my child(ren) from any class for disciplinary reasons on a temporary or permanent basis, without refund or credit. The following signature also allows pictures to be taken of my child(ren) for future publication.*

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_  
Valid for school year/summer signed

I, \_\_\_\_\_ (student's name) understand that I must adhere to and follow all Catalina Foothills School District governing board policies, and failure to do so may result in my removal from any class(es) in which I am enrolled on a temporary or permanent basis, to be determined by Community Schools and its employees.