

CONSTITUTION HIGH SCHOOL
2017-2018
ROUTE SLIP FOR STUDENTS

LAST NAME: _____ FIRST NAME: _____

STREET ADDRESS: _____ APT. _____

CITY: _____ STATE: PA ZIPCODE _____

TELEPHONE NO.: _____

STUDENT'S 2014-2015 GRADE LEVEL _____

PARENT'S WORK NUMBER: _____

PARENT/GUARDIAN NAME: _____

PARENT EMAIL ADDRESS: _____
(FOR SCHOOL COMMUNICATION)

EMERGENCY CONTACT INFORMATION:

FULL NAME	RELATIONSHIP	DAYTIME PHONE	CELL PHONE

NOTE: STUDENTS WILL ONLY BE RELEASED TO THOSE LISTED IN THE EMERGENCY CONTACT.

COMMENTS:

PLEASE RETURN ON THE FIRST DAY OF SCHOOL.
PLEASE INFORM THE OFFICE OF ANY CHANGES THROUGH THE SCHOOL YEAR.