

2017-2018 Base Access Tracking Form

**This document is for the use of IAPCS only and in no way does the completion of this form guarantee base access.*

Directions:

1. Please complete the following information for each parent/guardian/family member who you would like to be able to access the base during the 2017/18 school year. (Up to 3 cards per school year).
2. People listed below must also be listed on your child's emergency contacts.

PLEASE RETURN THIS FORM BY 26 MAY, 2017.

Student's Name: _____ Current Grade: _____

Person#1

FULL NAME:	
ENTIRE SOCIAL SECURITY NUMBER:	
DATE OF BIRTH:	
DRIVER'S LICENSE STATE AND NUMBER:	
CELL PHONE NUMBER:	
HEIGHT:	
WEIGHT:	
EYE COLOR:	
HAIR COLOR:	

By providing my information I understand that only one access card per person per school year can be issued.

Person#2

FULL NAME:	
ENTIRE SOCIAL SECURITY NUMBER:	
DATE OF BIRTH:	
DRIVER'S LICENSE STATE AND NUMBER:	
CELL PHONE NUMBER:	
HEIGHT:	
WEIGHT:	
EYE COLOR:	
HAIR COLOR:	

By providing my information I understand that only one access card per person per school year can be issued.

Person#3

FULL NAME:	
ENTIRE SOCIAL SECURITY NUMBER:	
DATE OF BIRTH:	
DRIVER'S LICENSE STATE AND NUMBER:	
CELL PHONE NUMBER:	
HEIGHT:	
WEIGHT:	
EYE COLOR:	
HAIR COLOR:	

By providing my information I understand that only one access card per person per school year can be issued.