

2019-2020 Imagine Andrews Public Charter School

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

Directions: Please complete the following information for each parent/guardian/family member who you would like to be able to access the base during the 2019/20 school year. **(Only 3 cards per school year)**

1. People listed below must also be listed on your child's emergency contacts
2. **This form must be returned each year to confirm all parents and guardians base access**

Student's Name: _____ Current Grade: _____

Person#1

FULL NAME:	
ENTIRE SOCIAL SECURITY NUMBER:	
DATE OF BIRTH:	
DRIVER'S LICENSE STATE & 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 & 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 & 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.