

**BLOOM-CARROLL LOCAL SCHOOL DISTRICT  
DISCIPLINE & ACADEMIC AUTHORIZATION FORM**

School/Bldg \_\_\_\_\_ Student's Name \_\_\_\_\_

Grade \_\_\_\_ Teacher \_\_\_\_\_ Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Parents Divorced Yes No N/A Custodial agreement on file at school Yes No N/A  
(Please circle) (Please circle)

Is there a Guardianship agreement on file at school? Yes No  
(Please circle if appropriate)

The following contact information may be used for student pickup, or to discuss a discipline or academic issue.

**RESIDENTIAL PARENT/GUARDIAN/OTHER (living with student)**  
(please circle relationship)

Name \_\_\_\_\_ Daytime phone(\_\_\_\_) \_\_\_\_\_

Cell phone number(\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Name \_\_\_\_\_ Daytime phone(\_\_\_\_) \_\_\_\_\_

Cell phone number (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

**ADDITIONAL PARENT/GUARDIAN/GRANDPARENT/OTHER INFORMATION**  
(Please circle relationship to student)

Name(s) \_\_\_\_\_ Email Address \_\_\_\_\_

Daytime phone(\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

**\*\*Please note additions or changes must be received in writing from Parent/Guardian**

The following contact information is for alternate student pickup authorization only. These persons are not authorized to receive discipline or academic information on the student. These persons will only be contacted in a situation where the parent/guardian can not be reached.

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Relationship to student \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Relationship to student \_\_\_\_\_

**\*\*Please note additions or changes must be received in writing from the Parent/Guardian**  
**Please complete reverse side of document**

**Are there any special educational items you would like us to know about your student?**

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**Are there any special custodial situations you would like us to know about your student?**

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**Is there any other information you would like us to know about your student?**

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**Name of person completing this form:** \_\_\_\_\_

**Relationship to student:** \_\_\_\_\_

**Date form completed:** \_\_\_\_\_