Bahrain Elementary School

Post Office Box 934
Juffair, Kingdom of Bahrain
Telephone: +973 1771-9829
Fax: +973 1782-6796

CHANGE OF CONTACT INFORMATION

(PLEASE PRINT)

Parent Name: _____ **Today's Date:** _____

Student Name: _____ **Grade Level:** _____
_____ **Grade Level:** _____
_____ **Grade Level:** _____

Mailing Address: _____ ☐ **New**

Mailing Address for TUITION PURPOSES ONLY: _____ ☐ **New**

Physical Address: _____ ☐ **New**

Email Address: _____ ☐ **New**

_____ ☐ **New**

Parent Telephone Numbers:

Home: _____/_____ Mother / Father: ☐ **New**

Work: _____/_____ Mother / Father ☐ **New**

Mobile: _____/_____ Mother / Father ☐ **New**

****

Emergency Contact Information

Name TWO friends or family who will take responsibility for your child in case we cannot reach parents:

1. **Name:** _____ **Relationship:** _____ ☐ **New**
   Telephone#'s: Home _____**Work** _____ **Mobile** _____

2. **Name:** _____ **Relationship:** _____ ☐ **New**
   Telephone#'s: Home _____**Work** _____ **Mobile** _____

****

EMERGENCY CONTACT INFORMATION: I agree to notify the school receptionist immediately, in writing

1) **Of any changes to the emergency contact information.**
2) **Whenever both parents must be out of Bahrain at the same time.**

PRIVACY ACT NOTICE:
AUTHORITY: Title V, Sec 301. PRINCIPAL PURPOSE: To refer to emergency medical facilities in parent's absence.
ROUTINE USES: (a) To obtain emergency medical care when parents cannot be reached; (b) To provide emergency contact names:; (c) To supply health and medical information about student. This form is used by DoDDS employees and trained medical personnel in emergency.
MANDATORY/VOLUNTARY DISCLOSURE/EFFECT OF NON-DISCLOSURE: Mandatory. School personnel will not be able to provide emergency care and health services in parents' absence.

_____ _____ _____
Parent's or Guardian's Signature Relationship to child Date

PLEASE RETURN COMPLETED FORM TO FRONT RECEPTION DESK FOR ROUTING

Route To: ES Registrar _____**Tuition Office**_____ **Health Office** _____ **Detmo** _____ **MHS Registrar** _____