

**BUFORD MIDDLE SCHOOL
WOLFPACK PROGRAM REGISTRATION FORM**

Student's Name _____

Student's First Period Teacher _____ Grade _____

Date of Birth _____ Sex: Male Female

Address _____

Student Lives with _____

Father's Name _____

Father's Signature _____

Home Phone _____ *Cell Phone* _____

Work Phone _____

Email address _____

Father or guardian employed by _____

Mother's Name _____

Mother's Signature _____

Home Phone _____ *Cell Phone* _____

Work Phone _____

Email address _____

Mother or guardian employed by _____

The following persons (other than parents) have permission to pick my child/children up from Wolfpack*:

Name(s) _____ Phone Number _____

Name(s) _____ Phone Number _____

Name(s) _____ Phone Number _____

In case of an emergency, contact the following persons if a parent or guardian cannot be reached*:

Name (s) _____ Phone Number _____

Name (s) _____ Phone Number _____

***Proper ID and official parent signatures will be required for pick up. If you would like anyone other than the persons listed to pick up your child, you will need to send a WRITTEN NOTICE. (Remember signatures will be compared to ensure safety.) Thank you for your cooperation.**

Does your child have any unusual physical ailment, handicap, or allergy that we need to know about? YES NO

If yes, please explain.

Name and grade of brothers or sisters enrolled in Buford City Schools.

In case of serious emergency and I cannot be reached, I hereby authorize the administration of Buford City Schools to seek medical aid for my child, and I will be responsible for any charges for such medical aid.

Signed _____ Date _____

WOLFPACK AGREEMENT FORM

My child and I have read and discussed the Wolfpack program rules and consequences. We understand that the rules must be followed in order to participate in the Wolfpack Program. As a parent, I agree to follow the attached guidelines in the packet. I understand that NO daily fees are allowed, and my child's account should be kept current.

Parent Signature _____

Student Signature _____

Date _____

****Please return the completed registration form along with this page only. Keep all other information for future reference.**

Proper ID and official parent signatures will be required for pick up. Only persons listed on the Wolfpack registration form will be authorized to check out your child. If you would like anyone other than the persons listed to pick up your child, you will need to send a WRITTEN NOTICE. (Remember signatures will be compared to ensure safety.)