



CAPELLA HIGH SCHOOL

5130 Warrensville Ctr Rd Maple Heights Oh 44137
Main # 216-706-9844
Fax # 216-803-2129

STUDENT INFORMATION SHEET PICK UP AUTHORIZATION

***PLEASE FILL OUT THIS FORM TO ITS ENTIRETY**

STUDENT NAME _____ GRADE _____

STUDENT'S RESIDENT ADDRESS _____ CITY/ZIP _____

HOME PHONE # _____ Cell Phone # _____

MOTHER'S NAME _____ FATHER'S NAME _____

MOTHER'S CELL _____ FATHER'S CELL _____

PARENT CONTACT INFORMATION SHEET

MOTHER'S NAME _____ LAST NAME _____

PARENTS RESIDENT ADDRESS _____ CITY/ZIP _____

HOME PHONE # _____ MOTHER'S CELL _____

People whom can pick your child up

1. _____ 3. _____

2. _____ 4. _____

Please Return this form to Mrs. Kolb

akolb@capellahs.net

Students please note every time your information changes this form would need to be filled out.