

Student's Name _____
(Last, First)

Grade Fall 2019 _____

Emergency Contact Information
2019-20 School Year
All information remains confidential

Student's Name _____ Grade _____ Teacher _____

Parent/ Guardian Name _____ Relationship _____

Parent/ Guardian Name _____ Relationship _____

Current Address of Student _____

Current Home Phone _____ Cell _____ Work _____

Current Email for Emergency Response Phone System _____

Student Currently Lives with _____ Relationship _____

Sibling's Name _____ Grade _____

Sibling's Name _____ Grade _____

In the case of an emergency and YOU CAN NOT BE REACHED, please list the names and phone numbers of those individuals to be called.

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

Adult home in case of early emergency dismissal via bus drop off: _____

Phone number of that adult: _____

In the event that I am unable to pick up my child, the following adults have permission to pick up my child (**PHOTO ID REQUIRED**):

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

***** Is there a custody agreement?** Yes ___ No ___ If Yes, please complete a Custody Form and submit it to the Office with a copy of the Custody Agreement.

***** Are there any medical concerns our staff should be aware of?** Yes ___ No ___

Parent Signature _____ Date _____

Office Use Only _____ PS _____ Office Manager _____ Nurse _____ Student Records