

Student's Name _____, _____ (Last, First)

Emergency Contact Information
_____ - _____ School Year

Child's Name _____ Grade _____

Parents/Guardians: _____

Current Address: _____

Current Daytime ph. # _____ home ph. _____

cell # _____

Sibling's Name _____ Grade _____

_____ Grade _____

_____ Grade _____

Main E-mail address _____

(E-mail addresses, daytime #'s, cell #'s, etc. are all acceptable for the automated emergency contact system. This system will call multiple phone numbers/E-mails simultaneously)

Child currently lives with _____ Relationship _____

Non-Residential Parent: _____

Current Address:

Current Phone # _____

Emergency Alternate Contacts Information

In the event a Parent/Guardian **CANNOT** be reached, complete the information below for individuals that have permission to be contacted and/or pick-up your child.

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Permission for Pick Up

In the event that I cannot pick up my child, I will notify the school, prior to dismissal, the individual that will be picking-up my child(ren). **Photo ID will be required.**