

Long Beach Island Consolidated School District

Barnegat Light

Harvey Cedars

Surf City

Ship Bottom

Long Beach Township

Riding the Waves of Excellence

EMERGENCY CONTACT INFORMATION

Student _____

Grade _____

Address _____

Birthdate _____

City, ST, Zip _____

Phone _____

Parents/Guardians: fill in all blanks

Mother _____

Phone _____

Address _____

Cell _____

City, ST, Zip _____

Email _____

Work Place _____

Phone _____

Father _____

Phone _____

Address _____

Cell _____

City, ST, Zip _____

Email _____

Work Place _____

Phone _____

Guardian _____

Phone _____

Address _____

Cell _____

City, ST, Zip _____

Email _____

Work Place _____

Phone _____

Emergency: The completion of emergency contact information provides permission to our school to release your child to these persons. Emergency contacts should be able to respond within a reasonable timeframe to pick-up your child if needed. Your child can be released to other people if you write a note or email the school. All emergency contacts must have a photo I.D.

Contact 1 Name _____ **Relation** _____

Home # _____ Cell# _____ Work# _____

Contact 2 Name _____ **Relation** _____

Home# _____ Cell# _____ Work# _____

Contact 3 Name _____ **Relation** _____

Home# _____ Cell# _____ Work# _____

Parent/Guardian Signature _____ **Date** _____