

**St. Mary's County Public Schools – Department of Student Services**  
**Emergency Information Form for School Year 2024 – 2025** (Please complete a separate form for each student) *CHANGE OF ADDRESS: N*

**ALL INFORMATION IS STRICTLY CONFIDENTIAL**

St. Mary's County Public Schools (SMCPS) asks you to verify the data as it appears in the student database. This form will ask you to review your child's data and make any necessary changes. If the physical address is not current, correct below, call the school, and send the school acceptable Proof of Residency documentation. Please return signed, completed form to your child's school. Thank you.

**Student Data Verification (Information is pre-populated from the central student database)**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Date of Birth</b>	<b>Student ID</b>
<b>Physical Street Address (number and name)</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Home Phone</b>
<b>School Name</b>	<b>Race</b>	<b>IEP</b>	<b>Homeroom</b>	

**Legal Parent / Guardian 1 Information (Priority 1)**

<b>Last Name</b>	<b>First Name</b>	<b>Home Phone</b>	<b>Cell Phone</b>
<b>Email:</b>			
<b>Physical Address (Number and Name)</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Name of Employer</b>	<b>Physical Work Address (bldg. #, street number and name)</b>	<b>Work Phone</b>	

**Legal Parent / Guardian 2 Information (Priority 2)**

<b>Last Name</b>	<b>First Name</b>	<b>Home Phone</b>	<b>Cell Phone</b>
<b>Email:</b>			
<b>Physical Address (Number and Name)</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Name of Employer</b>	<b>Physical Work Address (bldg. #, street number and name)</b>	<b>Work Phone</b>	

**List siblings living in the same household who attend St. Mary's County Public Schools: (If additional space is needed, please use back of form)**

<b>Sibling Name</b>	<b>Date of Birth</b>	<b>School</b>	<b>Grade</b>

**Authorized Contacts:** Please list up to 4 contacts to which we may release your child or contact if you cannot be reached. No student will be released to anyone other than the parents, guardians, or adults listed below. *I hereby authorize the release of the student to the following persons in the event of illness, injury, evacuation or emergency that may occur while students are in school. (If additional space is needed, please use back of form.)*

<b>Contact Name</b>	<b>Relationship to Student</b>	<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>	<b>Email</b>

**List Daycare Center or Provider (if applicable) Please include the full physical address**

<b>Name of Daycare / Childcare Provider</b>	<b>Physical Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>	<b>Email:</b>
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<b>Signature of Parent/Guardian:</b>	<b>Printed Name of Parent/Guardian</b>	<b>Date:</b>
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