

**St. Mary's County Public Schools - Department of Student Services
Emergency Information Form for School Year 2023 - 2024**

Please complete a separate form for each student.

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 by **Tuesday, November 14, 2023**. Thank you.

Student Data Verification (Information was taken from the central student database)

Student Name: Last	First	Middle	Date of Birth	Student ID
Physical Address: Number and Street	City	State	Zip	Home Phone Number
School Name:	Race:	IEP:	Homeroom:	

Please complete/update guardian information below

Legal Guardian Name	Mailing Address	City	State	Zip	Home Phone	Cell Phone	Email
---------------------	-----------------	------	-------	-----	------------	------------	-------

Legal Guardian Employer	Physical Work Address	Bldg. #	City	State	Zip	Work Phone
-------------------------	-----------------------	---------	------	-------	-----	------------

Legal Guardian Name	Mailing Address	City	State	Zip	Home Phone	Cell Phone	Email
---------------------	-----------------	------	-------	-----	------------	------------	-------

Legal Guardian Employer	Physical Work Address	Bldg. #	City	State	Zip	Work Phone
-------------------------	-----------------------	---------	------	-------	-----	------------

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

Sibling name	Birthdate	Grade
---------------------	------------------	--------------

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.)

Contact's Name(s):	Relationship to Student:	Home Phone:	Work Phone:	Cell Phone:

Daycare Provider (if applicable) Please include full physical address:

Name(s):	Address:	Home Phone:	Work Phone:	Cell Phone:
----------	----------	-------------	-------------	-------------

Signature of Parent/Legal Guardian: _____ *Date:* _____