

BACKGROUND

As we begin the new year, it is a good time to ensure we have up-to-date student information data. If you did not complete the emergency contact information at the beginning of the school year, or your emergency contact data requires updating, please take the time to complete this form and return it to your school's front office.

STUDENT'S NAME, DATE OF BIRTH, AND CURRENT SCHOOL

Name	Birth Date	School
1.		
2.		
3.		
4.		

EMERGENCY CONTACTS

Please list at least two people we may call to make emergency decisions and/or pick up your child from school if the parent(s)/guardian(s) cannot be reached in the event of an emergency:

Emergency Contact #1 (Other than Parent/Guardian):

Name: _____

Address: Street _____ Apt # _____ City _____ State ____ Zip _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Relationship to student: _____

Emergency Contact #2 (Other than Parent/Guardian):

Name: _____

Address: Street _____ Apt # _____ City _____ State ____ Zip _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Relationship to student: _____

Emergency Contact #3 (Other than Parent/Guardian):

Name: _____

Address: Street _____ Apt # _____ City _____ State ____ Zip _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Relationship to student: _____

By signing this form I am verifying that the information contained herein is correct.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Student ID	School ID	Sch/Res	Att/Permit Code	Address/Transfer Permit Verified	Grade	Entry Code	Entry Date	Office Verification/Signature