

STUDENT EMERGENCY FORM 2026-2027

Parent(s)/Guardian(s),
Communications between you and your child's school is critical for student success and safety. The contact info you provide here will be used to update you on both educational and emergency situations. Please take the time to review and/or fill out ALL fields completely.

Please print below

Student Name:				Date of Birth:				Grade:				Student ID:			
Primary Address (include street, apt. no. and zip code):															
Guardian 1:								Guardian 2:							
Phone (1)				☐ Cell ☐ Work ☐ Home				Phone (1)				☐ Cell ☐ Work ☐ Home			
Phone (2)				☐ Cell ☐ Work ☐ Home				Phone (2)				☐ Cell ☐ Work ☐ Home			
E-Mail:								E-Mail:							
Relationship:								Relationship:							

If Parent(s)/Guardian(s) address is different than student's address please indicate below

2nd Address (include street, apt. no. and zip code):															
Guardian 1:								Guardian 2:							
Phone (1)				☐ Cell ☐ Work ☐ Home				Phone (1)				☐ Cell ☐ Work ☐ Home			
Phone (2)				☐ Cell ☐ Work ☐ Home				Phone (2)				☐ Cell ☐ Work ☐ Home			
E-Mail:								E-Mail:							
Relationship:								Relationship:							

List all siblings currently attending a Providence Public School

Name: _____	Grade: _____	Relationship: _____	School: _____
Name: _____	Grade: _____	Relationship: _____	School: _____
Name: _____	Grade: _____	Relationship: _____	School: _____

Do you have a **NO CONTACT** order against any person(s) in regards to your child? ☐ Yes ☐ No

If you marked **YES**, please list the person(s) name(s): _____

A copy of a valid 'No-Contact Order' from the court must be filed in the Main Office of your child's school.

The person(s) listed below are allowed to pick up your child. They MUST have a valid picture ID.

Any previous contacts NOT listed on this form will be removed from your child's record and will NOT be allowed to pick up your child

1.	☐ Bus Pick Up ☐ Early Release Pick Up	Relationship: _____	Phone #: _____
2.	☐ Bus Pick Up ☐ Early Release Pick Up	Relationship: _____	Phone #: _____
3.	☐ Bus Pick Up ☐ Early Release Pick Up	Relationship: _____	Phone #: _____

☐ I give permission for my child to **be dismissed from the bus at their designated stop** without being released into the custody of a responsible adult. In doing so, I release Providence Public School District, First Student Providence, and all employees of both entities from all responsibility for any liability related to the leaving of the child. This release is only valid for the school year in which it was signed and will have to be renewed each year to continue to be in effect.

☐ I give my child permission to **walk home** and they will no longer be signed out on a daily basis. By checking this box, I acknowledge that my child is 8 + years of age and their classroom teacher will allow my child to exit the building at dismissal Monday –Friday. This will be valid unless changed in writing. A **Parent/Legal Guardian Release Form for Minor Authorization (Age 10+)** must be completed as part of the PPSD dismissal procedures.

NOTE: If your child has more than three siblings, or if you wish to give permission to more than three people to pick up your child, please attach that information to this form. To ensure this information is logged correctly, please make sure any attachments include your child's name and "Student ID" number.

PARENT/CAREGIVER SIGNATURE: _____ Date: _____