



Emergency Contacts Information

Dear Parents/ Guardians,

Please fill out and return to school. Date updated: _____

Student Name: _____ Grade: _____

Parent/ Guardian Name(S): _____

Email address: _____

Home address: _____

Street name and # City State Zip Code

Home Phone: _____

Work Phone: (mom) _____

Cell Phone: (mom) _____

Work Phone: (dad) _____

Cell Phone: (dad) _____

Emergency Name: _____

Relationship Phone Number Please list the name of the persons who are permitted to pick up your child.

Signature of Parent or Legal Guardian

Date