**EMERGENCY FORM**

2018-2019

Date

Student Name Grade HR

Date of Birth Race: (circle one) W B H O Sex: M\_\_\_\_ F \_\_\_\_\_

Address Apt #/Floor

City Zip Code

Home Phone Pager/Cell

*Please list on the back of this form any medical and/or personal information you would like the main office to be aware of.*

**PARENT/GUARDIAN**

Father’s Name Mother’s Name

Address Address

Home Phone Home Phone

Place of Employment Place of Employment

Work Address Work Address

Work Phone Work Phone

Pager/Cell Pager/Cell

Email**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Email**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACTS**

(Must be at least 18 years old)

1. Name Relationship to Student

Home Phone Work Pager/Cell

2. Name Relationship to Student

Home Phone Work Pager/Cell

3. Name Relationship to Student

Home Phone Work Pager/Cell

***Reminder-If your child needs to leave school early or will be picked up at the end of the day be sure to send a note in with your child.***

*Please notify the school if any of the above information changes during the school year.*