

# Elementary

## EMERGENCY INFORMATION FORM

Please complete the following personal information for your child so we may update our records in case of emergency. Please return to the building office.

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### STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Home Phone # \_\_\_\_\_ Unlisted: YES NO

Address (Street#/Name) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ PO Box \_\_\_\_\_  
(If preferred for mailings)

Subdivision Name \_\_\_\_\_

**Primary Parent/Guardian Information** - Information on PARENTS in the home where the student lives, may be parent and step-parent, etc. Do NOT include grandparents, aunts, uncles, etc. UNLESS they are the LEGAL guardian.

Primary Parent \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Primary Parent Spouse \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Home Email Address \_\_\_\_\_

**Alternate Parent Information**(if applicable) - These are parents who do NOT live in the home due to divorce, separation, etc.

Alternate Parent \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Alternate Parent Spouse \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Home Email Address \_\_\_\_\_

Alternate Parent Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**ALTERNATE CONTACT PERSONS IN CASE PARENTS CANNOT BE REACHED** - (We will attempt to notify parents first.)

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**ONLY PERSONS LISTED ON THIS FORM WILL BE AUTHORIZED TO SIGN STUDENT IN OR OUT OF SCHOOL!**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_