

Emergency Contact Form

Student's contact information			
First Name	Last Name	Date of Birth	Grade
Student Cell Phone (Optional)		The school may text my child <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address			
City	State	Zip	County
List Siblings in District			
Military Family Information if Applicable <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian is ACTIVE DUTY - <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> National Guard <input type="checkbox"/> Air National Guard			
Primary Contact - notified of ALL Emergencies, Conferences, Attendance Events, Lunch Charges, Fees, Events			
Relationship to Student – check the box that best applies <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Court Appointed Guardian			
First Name	Last Name		
Cell Phone	The school may text me notifications <input type="checkbox"/> Yes <input type="checkbox"/> No		
Work Phone	Available at work for non-emergencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Phone	Email		
Address is Same as Student <input type="checkbox"/> Yes <input type="checkbox"/> No – Please fill in address information			
Address			
City	State	Zip	County
Check all that apply <input type="checkbox"/> I am willing to volunteer <input type="checkbox"/> I am a migrant worker			
1st Alternate Contact - notified in case of Emergencies in which the Primary Contact is unavailable			
Relationship to Student – check the box that best applies <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Family Friend <input type="checkbox"/> Boyfriend of Parent <input type="checkbox"/> Girlfriend of Parent <input type="checkbox"/> Neighbor <input type="checkbox"/> Non-Family Guardian <input type="checkbox"/> Court Appointed Guardian			
First Name	Last Name		
Cell Phone	The school may text me notifications <input type="checkbox"/> Yes <input type="checkbox"/> No		
Work Phone	Available at work for non-emergencies <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Phone	Email		
Address is Same as Student <input type="checkbox"/> Yes <input type="checkbox"/> No – Please fill in address information			
Address			
City	State	Zip	County
Check all that apply <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Authorized to Pickup <input type="checkbox"/> Medical Contact <input type="checkbox"/> Receives School Mailings <input type="checkbox"/> Willing to Volunteer <input type="checkbox"/> Migrant Worker <input type="checkbox"/> Early Morning Closing and Delay Notifications			

Emergency Contact Form

2nd Alternate Contact - notified in case of Emergencies in which the Primary Contact is unavailable

Relationship to Student – check the box that best applies

- Father Mother Grandfather Grandmother Uncle Aunt Brother Sister Step-Father
 Step-Mother Foster Father Foster Mother Family Friend Boyfriend of Parent Girlfriend of Parent
 Neighbor Non-Family Guardian Court Appointed Guardian

First Name	Last Name
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Cell Phone	The school may text me notifications <input type="checkbox"/> Yes <input type="checkbox"/> No
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Work Phone	Available at work for non-emergencies <input type="checkbox"/> Yes <input type="checkbox"/> No
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Home Phone	Email
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Address is Same as Student Yes No – Please fill in address information

Address			
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City	State	Zip	County
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- Check all that apply
- Legal Guardian Authorized to Pickup Medical Contact Receives School Mailings
 Willing to Volunteer Migrant Worker Early Morning Closing and Delay Notifications

3rd Alternate Contact - notified in case of Emergencies in which the Primary Contact is unavailable

Relationship to Student – check the box that best applies

- Father Mother Grandfather Grandmother Uncle Aunt Brother Sister Step-Father
 Step-Mother Foster Father Foster Mother Family Friend Boyfriend of Parent Girlfriend of Parent
 Neighbor Non-Family Guardian Court Appointed Guardian

First Name	Last Name
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Cell Phone	The school may text me notifications <input type="checkbox"/> Yes <input type="checkbox"/> No
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Work Phone	Available at work for non-emergencies <input type="checkbox"/> Yes <input type="checkbox"/> No
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Home Phone	Email
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Address is Same as Student Yes No – Please fill in address information

Address			
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City	State	Zip	County
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- Check all that apply
- Legal Guardian Authorized to Pickup Medical Contact Receives School Mailings
 Willing to Volunteer Migrant Worker Early Morning Closing and Delay Notifications

Babysitter Child Advocate Day Care Social Worker

Name	Phone
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Email	Available Hours
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Address			
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City	State	Zip	County
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- Check all that apply
- Authorized to Pickup Medical Contact Receives School Mailings Closing and Delay Notifications