

VIROQUA AREA SCHOOLS

Emergency Contact Form

2023-2024

This information is updated yearly for the safety of your child.

Student: _____ **Date of Birth:** _____ **Grade/Class:** _____

Student lives with: (Circle) Both Parents Father Mother Grandparents Guardian

Other: _____

FAMILY 1

Home Address _____	Primary Phone #: _____
Guardian 1: _____	Relationship to Student: _____ Secondary Phone: _____
Email Address: _____	Employer: _____ Work Phone: _____
Guardian 2: _____	Relationship to Student: _____ Secondary Phone: _____
Email Address: _____	Employer: _____ Work Phone: _____

FAMILY 2

Home Address _____	Primary Phone #: _____
Guardian 1: _____	Relationship to Student: _____ Secondary Phone: _____
Email Address: _____	Employer: _____ Work Phone: _____
Guardian 2: _____	Relationship to Student: _____ Secondary Phone: _____
Email Address: _____	Employer: _____ Work Phone: _____

Is either parent or guardian on active duty in the military?	Yes	No
Is either parent or guardian a traditional member of the Guard or Reserve?	Yes	No
Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32?	Yes	No
Is this student considered a Homeless Unaccompanied Youth?	Yes	No
Does this student have a Homeless Primary Nighttime Residence?	Yes	No

Siblings attending Viroqua Area Schools (Name & Grade): _____

TWO LOCAL PEOPLE TO CONTACT IF PARENT/GUARDIAN CANNOT BE REACHED

(Please provide contacts from different households)

1.) Name: _____ Relationship: _____
Phone: _____ Alternative Phone(s): _____

2.) Name: _____ Relationship: _____
Phone: _____ Alternative Phone(s): _____

In case of an Emergency school CLOSING, my child should: _____

Signature of Parent/Guardian: _____ Date: _____