

Any
Changes?

Student / Emergency Information Sheet

Complete this form **ONLY IF YOU HAVE HAD CHANGES** since last school year and return it to the office as soon as possible.

Student Name _____ Grade _____

Address _____ Telephone _____

City _____ State _____ Zip _____

Mailing Address (if different from above address) _____

Student lives with:

Name
Relationship to student
Employer
Work Phone
Personal Cell Phone
E-Mail Address

Name
Relationship to student
Employer
Work Phone
Personal Cell Phone
E-Mail Address

If you wish mailings to go to another household in addition to your own, please specify:

Name _____ Relationship to student _____

Address _____

In case of emergency if parent/guardian can't be reached, I authorize the school to contact the following:

Name _____ Phone _____

Relationship _____ Alternate / Cell Phone _____

Does the school have your permission to contact the doctor or dentist in case of an emergency if a parent or guardian cannot be contacted? _____ Yes _____ No (School is not responsible for payment of physician fees/expenses)

Family Doctor: _____ Family Dentist: _____

Does this student have any health problems or allergies that the school needs to aware of? Yes _____ No _____

If yes, please explain: _____

Parent / Guardian Signature _____ Date _____