

EMERGENCY/STUDENT INFORMATION CHANGE FORM

Student Name _____
Last First Middle

Primary Parent Contact _____ **Prim Phone** _____
Relationship to child _____ **Work Phone** _____
House Number _____ Apartment Number _____ **Sec Phone** _____
Street Name _____
PO Box _____ Borough/Township _____
City _____ Zip _____
Email Address _____
Additional Adult at this address _____
Place of employment _____

Secondary Parent Contact _____ **Prim Phone** _____
Relationship to child _____ **Work Phone** _____
House Number _____ Apartment Number _____ **Sec Phone** _____
Street Name _____
PO Box _____ Borough/Township _____
City _____ Zip _____
Email Address _____
Additional Adult at this address _____
Place of employment _____

Emergency Contact _____ **Prim Phone** _____
Relationship to child _____ **Work Phone** _____
Sec Phone _____

Parents: Married Divorced Separated Single
Child lives with: Both Mother Father Guardian

Sisters/Brothers:	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional relatives/friends who are permitted to come for your child:
Name _____ **Phone** _____
Name _____ **Phone** _____

When the primary parent's address has changed, then proof of residency should be submitted with this form to the child's school.

In case of an emergency, your child will be released to any person listed on this form.

Parents Signature _____ **Date** _____

<input type="checkbox"/> SH	<input type="checkbox"/> MS	<input type="checkbox"/> JSE	<input type="checkbox"/> AV	<input type="checkbox"/> SALL
Office Use: Student Number _____		GR _____		
Submitted by _____		Date _____		