## **EMERGENCY/STUDENT INFORMATION CHANGE FORM**

Student Name				
Last	First	Midd Prim Pho		
Primary Parent Contact		Work Pho	ne one	
Relationship to child		Sec Phon	e	
House Number	Anartment Number			
Street Name				
PO Box	Borough/Township			
Street Name_ PO Box_ City_ Email Address		Zip		
Email Address		,		
Additional Adult at this addres	SS			
Place of employment				
		Prim Pho	ne	
Secondary Parent Contact	Parent Contact		Work Phone	
Relationship to child		Sec Phon	e	
Relationship to child House Number	Apartment Number_			
Sueername				
PO Box_ City_	Borough/Township_			
City		Zip		
Email Address				
Additional Adult at this address	SS			
Place of employment		<b>D</b> . D.		
<b>-</b>	Prim Phone		ne	
Emergency Contact		Work Phone		
Relationship to child		Sec Phon	e	
Parents: ☐Married	□Divorced	<b>□</b> Separated	□Single	
Parents. ☐ Married Child lives with: ☐ Both	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	□Separated □Father	<b>□Single</b> □Guardian	
Sisters/Brothers:	Grade	School		
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		<u> </u>		
			_	
Additional relatives/friends who	are permitted to come	•		
Name		Phone		
Name				
Hame		1 110110	_	
When the primary parent's address h	as changed, then proof of reside	ency should be submitte	d with this form to the child's schoo	
In case of an emergency	vour child will he re	leased to any ne	rson listed on this form	
In case of an emergency	, your crind will be re	leased to ally pe	rson nstea on this form.	
Parents Signature		Date		
 ☐ SH	☐ MS ☐ JSE			
Office Use:	_	<del></del>	<del>_</del>	
Student Number				
Submitted by		Date		