

# EMERGENCY/STUDENT INFORMATION CHANGE FORM

Student Name \_\_\_\_\_  
Last First Middle

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

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

Emergency Contact \_\_\_\_\_ Prim Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_ 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:<br>Student Number _____ |                             | GR _____                     |                             |                               |
| Submitted by _____                  |                             | Date _____                   |                             |                               |