EMERGENCY/STUDENT INFORMATION CHANGE FORM

Primary Parent Contact	Student Name			
Primary Parent Contact	Last	First		
Relationship to child	Brimary Barant Contact		Work Pho	ne
House Number	Relationship to child		Sec Phon	Δ
Street Name PO Box Borough/Township City Email Address Additional Adult at this address Place of employment Relationship to child House Number Street Name PO Box Borough/Township City Zip Sec Phone Additional Adult at this address Place of employment Prim Phone Street Name PO Box City Zip Email Address Additional Adult at this address Place of employment Prim Phone Emergency Contact Relationship to child Sec Phone Parents: Married Child lives with: Both Mother Pather Guardian 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 Parents Signature Date Date Date Date Dottice Use:		A 4 4 N. 1		
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Street Name PO Box Borough/Township Zip Email Address Additional Adult at this address Place of employment Prim Phone Emergency Contact 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 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 Date SH MS JSE AV SALL	House Number	Apartment Number	Sec Filon	e
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Parents SignatureDate SH MS JSE AV SALL Office Use:			ency should be submitted	d with this form to the child's school.
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Office Use:	Parents Signature		Date	
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Ditudent Number GK			CP	
Submitted by Date				