

**Family Last Name:** \_\_\_\_\_

**Family Emergency Information - School Year 2019-20**

**\*\* Please Print All Information \*\***

**Student Information**

Student's Name(s)	Grade 2019-20	Birth Date	Health Conditions/Allergies

**Parent/Guardian Information**

<u>Names of Parents</u>	<u>Marital Status</u>	<u>Relationship To Child</u>	<u>Cell Phone</u>	<u>Other Phone</u>
<u>Street Address</u>				
<u>City, State &amp; Zip Code</u>				
<u>Home Phone</u>				
<u>Family Email Address</u>				

**Additional Parent/Guardian Contacts if applicable:**

<u>Name(s)</u>	<u>Marital Status</u>	<u>Relationship</u>	<u>Cell Phone</u>	<u>Other Phone</u>
<u>Street Address</u>				
<u>City, State &amp; Zip Code</u>				
<u>Email</u>				
<u>Note:</u>				

**Other Emergency Contacts**

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>	<u>Phone Number</u>

**Comments:**