

****NOTIFY SCHOOL OFFICE OF ANY CHANGES DURING THE YEAR****

ALPHA PUBLIC SCHOOL
2019/20 EMERGENCY FORM

(This card needs to be completed every school year)

Date: ____ / ____ / ____

Grade: _____

Homeroom Teacher: _____

Student Name:

Last Name

First Name

Middle Initial

Date Of Birth: ____ / ____ / ____

Sex: M F

Home/Mailing Address:

Address

City

Zip Code

Child Resides With: _____

Are There Any Legal Documents Affecting Your Child?: Yes (*Please Attach*) No

Mother's/ Guardian's Name: _____	Father's/ Guardian's Name: _____
Mother/Guardian Will Be Contacted: First <input type="checkbox"/> Second <input type="checkbox"/>	Father/Guardian Will Be Contacted: First <input type="checkbox"/> Second <input type="checkbox"/>
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cellular Phone: _____	Cellular Phone: _____
Email Address: _____	Email Address: _____
2nd Address: _____	2nd Address: _____

EMERGENCY CONTACTS in case child listed above becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following. These contacts will also be contacted if your child is absent from school without notification. They will be contacted in numerical order in case of emergency.

1. _____
Name Relationship Phone

2. _____
Name Relationship Phone

3. _____
Name Relationship Phone

****PLEASE COMPLETE THE REVERSE SIDE****

