

Emergency Contacts: PLEASE PRINT

STUDENT NAME

Relationship	
Living With	YES / NO
Can Pick Up	YES / NO
Speaks English	YES / NO
First Name	
Last Name	
Home Phone	
Cell Phone	

Relationship	
Living With	YES / NO
Can Pick Up	YES / NO
Speaks English	YES / NO
First Name	
Last Name	
Home Phone	
Cell Phone	

Relationship	
Living With	YES / NO
Can Pick Up	YES / NO
Speaks English	YES / NO
First Name	
Last Name	
Home Phone	
Cell Phone	

Relationship	
Living With	YES / NO
Can Pick Up	YES / NO
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Cell Phone	

Parent Signature: Print

Sign