

EMERGENCY NOTIFICATION/SCHOOL DIRECTORY FORM

Please fill out this form with most current information available. If any of this information changes throughout the school year please notify the school office as soon as possible. This information will be published in the school family directory unless otherwise notified.

Child/Children's Last Name: _____

Home Address: _____

Home Phone: _____ Family Email Address: _____

Father's Name: _____ Business Name: _____

Cell Phone Number: _____ Business Phone: _____

Pager Number: _____ Alternate Number: _____

Mother's Name: _____ Business Name: _____

Cell Phone Number: _____ Business Phone: _____

Pager Number: _____ Alternate Number: _____

Please list 2 names and contact numbers for individuals who will be able to pick up your child in case of emergency or illness if you CANNOT be reached.

Name: _____ Phone: _____

Relationship to students: _____

Name: _____ Phone: _____

Relationship to students: _____

Parent Signature to verify information:

Parent Signature

Date

___ No, do not publish my home phone number in the school directory.

___ No, do not publish my email address in the school directory.