

SAINT CLAIR AREA ELEMENTARY/MIDDLE SCHOOL EMERGENCY INFORMATION

STUDENT NAME: _____

BIRTHDATE: _____

HOME STREET ADDRESS: _____

TOWN/CITY: _____ **ZIP CODE:** _____

Is there a custody agreement regarding this child: Yes _____ **No** _____

STUDENT RESIDES WITH: BOTH PARENTS _____ **, MOTHER** _____ **, FATHER** _____ **, GUARDIAN** _____

MOTHER'S NAME:(Guardian) _____

MOTHER'S PHONE NUMBER:(Guardian) _____

MOTHER'S EMAIL ADDRESS: (Guardian) _____

MOTHER'S PLACE OF EMPLOYMENT:(Guardian) _____

MOTHER'S PLACE OF EMPLOYMENT PHONE NUMBER:(Guardian) _____

FATHER'S NAME:(Guardian) _____

FATHER'S PHONE NUMBER:(Guardian) _____

FATHER'S EMAIL ADDRESS: (Guardian) _____

FATHER'S PLACE OF EMPLOYMENT:(Guardian) _____

FATHER'S PLACE OF EMPLOYMENT PHONE NUMBER:(Guardian) _____

******Please list emergency contacts on the reverse side ******

Name of person who has your authority to assume responsibility for your child if you cannot be contacted.

1.Name:_____

Phone#_____

Relationship:_____

2.Name:_____

Phone#_____

Relationship:_____

3.Name:_____

Phone#_____

Relationship:_____

Please list below any siblings of the student:

1._____ **Age:**_____

2._____ **Age:**_____

3:_____ **Age:**_____

Please list any information the school should be aware of concerning your child.