



## Emergency Contact Form

Returning Students:  Please check box if any of the information below has changed.

### Student Information

First Name _____	MI _____	Last Name _____
Department _____	Birthdate _____ / _____ / _____	Grade _____
Address _____ (Number and Street Name)		(Apt # / Floor)
_____	(City / Town)	(State) _____ (Zip Code)
Sending High School _____	High School Counselor _____	
Student Cell # _____	Student Email _____	

Student lives with:  Mother  Father  Both  Guardian

### Parent / Guardian Information

Mother / Guardian
Last Name _____ MI _____ First Name _____
Day # _____ Cell # _____ Home # _____
Email _____
Address (if different from above) _____ (Number and Street Name) (Apt # / Floor)
_____ (City / Town) (State) _____ (Zip Code)
Father / Guardian
Last Name _____ MI _____ First Name _____
Day # _____ Cell # _____ Home # _____
Email _____
Address (if different from above) _____ (Number and Street Name) (Apt # / Floor)
_____ (City / Town) (State) _____ (Zip Code)

### Additional Emergency Contact Person

First Name _____	Last Name _____	
Relationship to student _____		
Day # _____	Cell # _____	Home # _____