

REQUEST FOR CHANGE TO STUDENT EMERGENCY CONTACT INFORMATION

For the safety of students, changes to Emergency Contact Information after the beginning of the school year must be submitted in person by a parent or guardian of the child.

Student's name: _____
Last Name First Name Middle

Name of parent requesting change: _____
(Please Print)

Date of change: _____

Is this change per a new court or custody order? YES (Attach copy of new court or custody order)
 NO

Please note change(s) below:

ADD REMOVE

Relationship to Student: _____ Does the student live with you? YES NO

Name: _____

Address: _____
Street City Zip

Please circle the preferred number to reach you in case of an emergency during school hours.

Home Phone: _____ Work Phone: _____

FAX: _____ Cell: _____

Page: _____ Email: _____

Place of Employment: _____

Name of Supervisor if applicable: _____

Please note change(s) below:

ADD REMOVE

Relationship to Student: _____ Does the student live with you? YES NO

Name: _____

Address: _____
Street City Zip

Please circle the preferred number to reach you in case of an emergency during school hours.

Home Phone: _____ Work Phone: _____

FAX: _____ Cell: _____

Page: _____ Email: _____

Place of Employment: _____

Name of Supervisor if applicable: _____

Parent/Guardian Signature: _____