

STUDENT EMERGENCY FORM

Dear Parent(s)/Guardian,

Please complete the emergency form for the 2016/17 School Year. **The information that you provide on this form will replace all information on your child's current emergency information form.** Please make sure to indicate relationship to the child. This form, when returned, will be followed to the fullest. Please make sure that all listed have a valid picture ID card.*

Student Name: _____ Date of Birth: _____
(Print Name)

Grade: _____ Homeroom: _____

Home Address: _____ Home Phone: _____
 _____ E-mail: _____

Mother/Guardian: _____	Father/Guardian: _____
Cell #: _____	Cell #: _____
Work #: _____	Work #: _____
E-mail: _____	E-mail: _____

IF PARENTS ADDRESS IS DIFFERENT THAN STUDENT'S ADDRESS PLEASE INDICATE BELOW

Mother/Guardian: _____	Father/Guardian: _____
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Other Address _____	Other Address _____
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List all siblings currently attending a Providence Public School.

Name: _____	Grade: _____	Relationship: _____	School: _____
Name: _____	Grade: _____	Relationship: _____	School: _____
Name: _____	Grade: _____	Relationship: _____	School: _____
Name: _____	Grade: _____	Relationship: _____	School: _____

Do you have a **NO CONTACT** order against any person(s) in regards to your child? Yes No

If you marked YES, please list the person(s) name(s): _____

A copy of a valid 'Non-Contact Order' from the court must be filed in the Main Office of your child's school.

The person(s) listed below are allowed to pick up your child. They MUST have a valid picture ID.

Any previous contacts NOT listed on this form will NOT be allowed to pick up your child

1. _____	Relationship: _____	Phone #: _____
2. _____	Relationship: _____	Phone #: _____
3. _____	Relationship: _____	Phone #: _____
4. _____	Relationship: _____	Phone #: _____
5. _____	Relationship: _____	Phone #: _____

 Parent/Guardian Signature

 Date