

STUDENT EMERGENCY FORM 2024-2025

Parent(s)/Guardian(s),
 Communications between you and your child's school is critical for student success and safety. The contact info you provide here will be used to update you on both educational and emergency situations during the 2024-25 school year. Please take the time to review and/or fill out ALL fields completely. Also, please indicate here if you do not want us to contact you via text message. Be advised that, depending on your cell service plan, you may be charged for these messages.
 PLEASE CHECK HERE IF YOU **DO NOT WANT** THE PROVIDENCE PUBLIC SCHOOL DISTRICT TO SEND YOU TEXT MESSAGES RELATED TO YOUR CHILD AND HIS/HER SCHOOL.

Please print below

Student Name:			Date of Birth:			Grade:			Student ID:		
Primary Address (include street, apt. no. and zip code):											
Guardian 1:				Guardian 2:							
Phone (1)		<input type="checkbox"/> Cell	<input type="checkbox"/> Work	<input type="checkbox"/> Home	Phone (1)		<input type="checkbox"/> Cell	<input type="checkbox"/> Work	<input type="checkbox"/> Home		
Phone (2)		<input type="checkbox"/> Cell	<input type="checkbox"/> Work	<input type="checkbox"/> Home	Phone (2)		<input type="checkbox"/> Cell	<input type="checkbox"/> Work	<input type="checkbox"/> Home		
E-Mail:						E-Mail:					
Relationship:						Relationship:					

If Parent(s)/Guardian(s) address is different than student's address please indicate below

2nd Address (include street, apt. no. and zip code):											
Guardian 1:				Guardian 2:							
Phone (1)		<input type="checkbox"/> Cell	<input type="checkbox"/> Work	<input type="checkbox"/> Home	Phone (1)		<input type="checkbox"/> Cell	<input type="checkbox"/> Work	<input type="checkbox"/> Home		
Phone (2)		<input type="checkbox"/> Cell	<input type="checkbox"/> Work	<input type="checkbox"/> Home	Phone (2)		<input type="checkbox"/> Cell	<input type="checkbox"/> Work	<input type="checkbox"/> Home		
E-Mail:						E-Mail:					
Relationship:						Relationship:					

List all siblings currently attending a Providence Public 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 'No-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.	<input type="checkbox"/> Bus Pick Up <input type="checkbox"/> Early Release Pick Up	Relationship:		Phone #:	
2.	<input type="checkbox"/> Bus Pick Up <input type="checkbox"/> Early Release Pick Up	Relationship:		Phone #:	
3.	<input type="checkbox"/> Bus Pick Up <input type="checkbox"/> Early Release Pick Up	Relationship:		Phone #:	

I give permission for my child to **be dismissed from the bus at their designated stop** without being released into the custody of a responsible adult. In doing so, I release Providence Public School District, First Student Providence, and all employees of both entities from all responsibility for any liability related to the leaving of the child. This release is only valid for the school year in which it was signed and will have to be renewed each year to continue to be in effect.

I give my child permission to **walk home** and they will no longer be signed out on a daily basis. By checking this box, I acknowledge that my child is 8 + years of age and their classroom teacher will allow my child to exit the building at dismissal Monday –Friday. This will be valid unless changed in writing.

NOTE: If your child has more than three siblings, or if you wish to give permission to more than three people to pick up your child, please attach that information to this form. To ensure this information is logged correctly, please make sure any attachments include your child's name and "Student ID" number.

PARENT/CAREGIVER SIGNATURE: _____ Date: _____