

Emergency Information Form

Child's Name _____ Home Phone _____
Mother's Name _____ Work Number _____
Father's Name _____ Work Number _____
Street Address _____
City _____ State _____ Zip Code _____

Emergency Information

In case of emergency, the parent will be contacted first. In the event a parent cannot be reached, the school will contact the persons listed next. Please be sure to contact the school office anytime there is a change in home phone number, employment status, emergency contacts, etc.

Person to be contacted in an emergency:

1. Name _____
Relationship _____ Phone Number _____

2. Name _____
Relationship _____ Phone Number _____

Student's Doctor _____ Phone Number _____
Student's Dentist _____ Phone Number _____

Parent Agreement

I have read the Parent Handbook of St. Paul Lutheran School for the current year and agree to abide by the policies and regulations as stated therein.

Parent's Signature

Date