

EMERGENCY CONTACT FORM
B-K-W 2020-2021
Secondary School (Grades 7-12)

In order to keep accurate information, we ask that you fill out this form and return it to the main office. If you have more than one student in school, please fill out for each student. **PLEASE CIRCLE ANY CHANGES.**

Today's Date: _____

Student Information

Student Name: _____ Grade _____ D.O.B. _____

Address: _____

_____ Phone: _____

Parent/Guardian Information

Mother/ Female Guardian's Name: _____

(Relationship if not parent) _____

Address (IF DIFFERENT FROM STUDENT) _____

Home phone _____ Work phone _____ Cell phone _____

Father/ Male Guardian's Name: _____

(Relationship if not parent) _____

Address (IF DIFFERENT FROM STUDENT) _____

Home phone _____ Work phone _____ Cell phone _____

Emergency Information

Students will NOT be released to anyone other than a parent, guardian or emergency contact.

List at least 2 emergency contacts (Person to be called when parent/guardian can't be reached)

1. Name: _____ Phone # _____ Relationship _____

2. Name: _____ Phone # _____ Relationship _____

Family information

Please list all siblings and indicate date of birth:

Name: _____ D.O.B.: _____

Name: _____ D.O.B.: _____

Name: _____ D.O.B.: _____

Name: _____ D.O.B.: _____

Mailing Information

If you would like duplicate mailing(s) to go to another address, please list below:

Name & Address: _____

COMPLETE OTHER SIDE

Moving and New Phone Numbers

Whether you are moving out of the district or to another address within the district please notify the main office.

Custodial Rights

Please provide information and documentation regarding matters related to custodial care, guardianship, visitation rights, duplicate mailings and other legal matters that may concern the school.

EMERGENCY DISMISSAL PLAN ONLY

This plan will only be used in the event that school should close early due to inclement weather or another emergency related situation. The following plan that you indicate will be in effect for your child. If your child attends the Y After-School Program (which will not be held on an emergency dismissal day), you MUST check Choice B for alternate instructions, complete the information requested, and sign. If you have filled out a Child Care/Parent Transport Form to pick your child up, you must check choice B and complete the information requested.

Choose ONE of the following dismissal plans and SIGN BELOW.

- A. I want my child to go to his/her USUAL DESTINATION
- B. I want my child to follow the alternate instructions I have specified below:
Send my child to the home of:

Name: _____ 911 Address: _____

Phone: _____ Bus Route : _____ (call bus garage at 518-872-1126 if unknown)

Parent/Guardian Signature: _____

IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM, PLEASE CONTACT THE MAIN OFFICE AT 518-872-1482.