

**EMERGENCY CONTACT FORM**  
**B-K-W 2024-2025**  
**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/**  **Guardian's Name:** \_\_\_\_\_

(Relationship if not parent) \_\_\_\_\_

Address (**IF DIFFERENT FROM STUDENT**) \_\_\_\_\_

\_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**Father/**  **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 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.**