

HIGH SCHOOL EMERGENCY NOTIFICATION INFORMATION

Student Information	Student Name: Last Name	First Name	Middle Name	Birth Date:	Grade:
	If there is a custody or parenting plan in effect, are there restrictions on the non-custodial parent contact with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, plan must be on file with the school.			Student Cell Phone:	
				Student Email Address:	
	Is there a restraining order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, legal papers must be on file with the school.				
	Restraining Order is against: Relationship to Student:				
Primary Household Information	Parent/Guardian #1 Name		Primary Phone:	Mobile Phone:	
	Parent/Guardian #1 Email Address				
	Employer		Work Phone:	Other Phone:	
	Parent/Guardian #2 Name		Primary Phone	Mobile Phone:	
	Parent/Guardian #2 Email Address				
	Employer		Work Phone:	Other Phone:	

EMERGENCY CONTACTS

When injury, illness or other emergency situations involving your child occur, we want to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian(s) listed on the Student Enrollment Form, list the persons you trust (**first and last name**) who are available during the day to provide care for your child. **(Please provide non-resident parent information as an emergency contact if applicable).**

1.	Relationship to Student	Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	Second Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile
2.	Relationship to Student	Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	Second Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile
3.	Relationship to Student	Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	Second Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile
4.	Relationship to Student	Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	Second Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile

OUT-OF-STATE CONTACT

Name:	Relationship to Student	Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	Second Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile
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EMERGENCY DISMISSAL PROCEDURES

In the event of an unanticipated dismissal due to inclement weather, power outage, or other emergency, we are asking that you develop an emergency action plan. **The plan must not include use of phones** as there may be instances when phone service is disrupted. Please review this plan regularly with your student.

Student Release Authorization: An emergency may require that we hold students at school for pickup. In that situation, we will release students only to the parents/guardians or those emergency contacts listed above.

I authorize the school to release my student to the person(s) listed above.

LEGAL PARENT/GUARDIAN SIGNATURE: _____ **DATE** _____