

EMERGENCY & CONTACT INFORMATION UPDATE
ANY CHANGES TO YOUR INFO?

Our school records need to be accurate on file in the event of an emergency and we need to contact you as well as to keep you informed during the school year. **If you have changed your home, work or cell phone numbers or changed your address (moved), changed your name or if you have any new medical concerns or emergency contact changes, please make any/all changes below. Please return to the school district office by the first day of school or ASAP to update us as changes occur.**

- I am the primary custodial parent/guardian (the children live with me).*
- I am not the primary custodial parent but am requesting important school mailings be sent to me.*

Please Print Your Changed/Updated Information Below:

Child 1: _____ **Child 4:** _____
Last Name First Name Last Name First Name

Child 2: _____ **Child 5:** _____
Last Name First Name Last Name First Name

Child 3: _____ **Child 6:** _____
Last Name First Name Last Name First Name

Parent/Guardian Name(s): _____

Mailing Street Address or P.O. Box: _____
Apt/Lot # (if applies): _____
City / State / Zip Code: _____

****Primary Home Phone #:** _____

Mother Cell Phone#: _____ **Mother Work Phone#:** _____

Father Cell Phone#: _____ **Father Work Phone#:** _____

Or

Guardian Cell Phone#: _____ **Guardian Work Phone#:** _____

*****Parent/Guardian Email:** _____ @ _____
(Email will be used to send school information and newsletters only)

Emergency Contact #1: _____ **or** _____
Name/relationship *other than parent/guardian* Phone # 1 Phone # 2

Emergency Contact #2: _____ **or** _____
Name/relationship *other than parent/guardian* Phone # 1 Phone # 2

NEW HEALTH OR MEDICAL CONCERNS REGARDING MY CHILD: (name): _____
(ATTACH MEDICAL DOCUMENTS IF NECESSARY) CONCERN: _____

Parent/Guardian Signature _____ **Date** _____