

# CONTACT FORM

Student Name \_\_\_\_\_ Date: \_\_\_\_\_

First Middle Last

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Borough/Township FLEETWOOD MAIDENCREEK RICHMOND

Guardian 1 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email address \_\_\_\_\_

Alert 1 # \_\_\_\_\_ Alert 2 # \_\_\_\_\_

*(AUTOMATED ANNOUNCEMENTS FROM THE DISTRICT WILL BE SENT TO THE ABOVE ALERT #'S)*

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Guardian 2 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email address \_\_\_\_\_ Address \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Guardian 3 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email address \_\_\_\_\_ Address \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Emergency Contact other than parent or guardian:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

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Please list other adults or siblings below that reside at this address: Grade if applicable.....

1. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

2. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

3. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

4. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

5. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

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Preferred Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital in case of Emergency: \_\_\_\_\_