



# St. Charles School

Achieving Excellence Together

## Student/Family Emergency Contact Form

Please *print* clearly, complete *all* of the requested information and return to MAIN OFFICE

Family Name: \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary e-mail contact: \_\_\_\_\_

Secondary e-mail contact: \_\_\_\_\_

Child's Name: 1. \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: 2. \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: 3. \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: 4. \_\_\_\_\_ Grade: \_\_\_\_\_

Please indicate *order* (#1, #2, #3, etc.) in which school should try to reach family by phone:

Home phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mother's Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Mother's Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father's Cell#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Father's Work #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Only the following person(s) *OTHER THAN PARENTS/GUARDIANS* may pick up my child/ren:

Full Name	Relationship	PHONE #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____