



Emergency Contact and Authorization to Pick-Up Scholar

SCHOLAR'S FULL NAME: _____ Teacher: _____

Scholar's Address: _____ APT#: _____

City: _____ Zip: _____ Home Phone: _____

Mother/Guardian's Full Name: _____ Cell #: _____

Mother's Daytime Address: _____ Work Phone: _____

Mother's Email Address(es): _____

Father/Guardian's Full Name: _____ Cell #: _____

Father's Daytime Address: _____ Work Phone: _____

Father's Email Address(es): _____

Phone number for auto notification system: _____

Scholar lives with: Mother Father Both Other: _____

Person to contact in the event of an Emergency if Parent/Guardian cannot be reached

Full Name: _____ Home Phone: _____ Work/Cell: _____

Full Name: _____ Home Phone: _____ Work/Cell: _____

Persons authorized to pick the scholar up from School. In the event, the child is not picked up by the parent/guardian, these persons will be contacted in the order listed.

Name: _____ Relationship: _____

Contact Numbers: _____

Name: _____ Relationship: _____

Contact Numbers: _____

Name: _____ Relationship: _____

Contact Numbers: _____

It is the parent/guardian's responsibility to notify the school in writing of any changes to the above.

Parent/Guardian Signature: _____ Date: _____