

EMERGENCY INFORMATION

St. Joseph School

School Year = _____

Student Last Name _____ First Name _____ MI _____
Street Address _____ Home Phone _____
Town _____ State _____ Zip Code _____ Birth Date _____

Name of parent(s)/guardian(s) with whom child resides _____

Father _____

Last Name _____ First Name _____ Home Phone _____

Occupation _____ Place of Employment _____ Work Phone _____ Cell Phone _____

Mother _____

Last Name _____ First Name _____ Home Phone _____

Occupation _____ Place of Employment _____ Work Phone _____ Cell Phone _____

Guardian _____

Last Name _____ First Name _____ Home Phone _____

Occupation _____ Place of Employment _____ Work Phone _____ Cell Phone _____

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****Emergency Contacts****

In the event of an emergency, parents or legal guardian will be notified first. Please list, in order of priority, those people whom the school is to contact if a parent or guardian cannot be reached.

Name _____ Address _____ Relationship _____ Phone _____ Cell # _____

Name _____ Address _____ Relationship _____ Phone _____ Cell # _____

Name _____ Address _____ Relationship _____ Phone _____ Cell # _____

Name _____ Address _____ Relationship _____ Phone _____ Cell # _____

Total number of children attending St. Joseph School in 2008 - 2009 _____

Child's Doctor _____ Phone _____

Parent/Guardian's Signature _____ Date _____