

**EMERGENCY INFORMATION**

St. Joseph School  
2008 -2009

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 \_\_\_\_\_