

**EMERGENCY INFORMATION FORM
GLEN COVE CITY SCHOOL DISTRICT
STUDENT INFORMATION**

Please complete all the information on this form.

ALL FORMS MUST BE RETURNED TO THE SCHOOL'S MAIN OFFICE

Student Name _____ Date of Birth _____
School _____ Grade _____ Homeroom _____ Teacher _____
Address _____ Home Phone _____

Mother's/Guardian's Name _____ Home Phone _____
Home Address _____ Work Phone _____
Place of Business _____ Cell Phone _____

Father's/Guardian's Name _____ Home Phone _____
Home Address _____ Work Phone _____
Place of Business _____ Cell Phone _____

Student Lives With: _____

In an emergency, if I (we) cannot be reached at any of the numbers listed above, you may call the following. They are authorized to pick up my child for illness, accident or early dismissal purposes. Should anyone else be so requested, I further understand that it is my responsibility to notify the school in writing.

Name _____	Address _____	Home Phone _____
		Work Phone _____
___ Relative ___ Friend ___ Neighbor		Cell Phone _____

Name _____	Address _____	Home Phone _____
		Work Phone _____
___ Relative ___ Friend ___ Neighbor		Cell Phone _____

Name _____	Address _____	Home Phone _____
		Work Phone _____
___ Relative ___ Friend ___ Neighbor		Cell Phone _____

Family Doctor _____ Phone _____

If you do not wish to have your child released to an individual, please notify this office in writing. If for legal reasons, i.e., divorce or separation, a court order must be on file in the office.

Parent or Guardian Signature

Date