

New York Mills Junior-Senior High School Student Emergency Contact Sheet

Parent/Guardian: Please fill out all of the information below to keep your records current and up to date in case of an emergency. If any changes occur during the school year, please inform the office in writing.

Home Phone# ( ) \_\_\_\_\_

Student Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Student's Cell# \_\_\_\_\_ Student e-mail \_\_\_\_\_@\_\_\_\_\_

Mother's Name \_\_\_\_\_ e-mail address \_\_\_\_\_@\_\_\_\_\_

Father's Name \_\_\_\_\_ e-mail address \_\_\_\_\_@\_\_\_\_\_

\_\_\_\_\_Mother \_\_\_\_\_Father *Address if different from student* \_\_\_\_\_

DO BOTH PARENTS RECEIVE MAIL \_\_\_\_ (Y) \_\_\_\_ (N) TELEPHONE NUMBER TO CONTACT IN CASE OF SCHOOL CLOSING NOTIFICATION ( ) \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ other \_\_\_\_\_ Name: \_\_\_\_\_

Mothers Work Phone# ( ) \_\_\_\_\_ Cell# ( ) \_\_\_\_\_ employer: \_\_\_\_\_

Fathers Work Phone# ( ) \_\_\_\_\_ Cell# ( ) \_\_\_\_\_ employer: \_\_\_\_\_

Siblings That Attend School at NYMills

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name: \_\_\_\_\_ Grade \_\_\_\_\_

**In An Emergency, I give permission for my child to be released to the following individuals:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone# ( ) \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

Please complete and return to school as soon as possible. New Contact information sheets are required each school year.

Signature \_\_\_\_\_ Date \_\_\_\_\_