

Student Name :
APID :
Date :

Emergency Contact Info

Student Information.

If address information has changed please contact your schools front office with the changes.

1	Student Name	
2	Student Street	
3	STUDENT CITY	
4	STUDENT STATE	
5	STUDENT ZIP	
6	Home Phone	
7	Student Birth Date	
8	Student Homeroom	
9	Student Gender	
10	Student Grade Level	
11	Does your child have a parent or guardian who is a member of the UNited States Armed Forces (Army,Navy,Air Force,Marine Corp,Coast Guard,or full-time National Guard)	

Parent/Guardian Information.

1	Last Name	
2	First Name	
3	Street	
4	City	
5	State	
6	ZIP	
7	Home Phone	
8	Mobile Phone	
9	Office Phone	
10	Home E-Mail Address	
11	Office E-Mail Address	
12	Employer	

Custody.

Maximum 50 characters

1	Child Primarily Resides with: List all, Example (Mother, Father) (Mother, Stepfather) (Father) (Mother) etc.	
2	Is there a court order in place? If yes please submit to office.	

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Non Parent/Guardian

1	Name/Relationship of emergency contact 1 (ex. John Doe - Uncle, Jane Doe - Neighbor)	
2	Emergency Contact 1 Phone Number (ex. 724-555-5555)	
3	Name/Relationship of emergency contact 2 (ex. John Doe - Uncle, Jane Doe - Neighbor)	
4	Emergency Contact 2 Phone Number (ex. 724-555-5555)	
5	Name/Relationship of emergency contact 3 (ex. John Doe - Uncle, Jane Doe - Neighbor)	
6	Emergency Contact 3 Phone Number (ex. 724-555-5555)	

Media Consent.

1	Do you agree that Derry Area School District may display or publish photos and videos in various PUBLIC forums, such as newsletter, newspapers, websites etc. Please answer Yes or No.	
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