

## HIGH SCHOOL EMERGENCY NOTIFICATION INFORMATION

<b>Student Information</b>	Student Name: <b>Last Name</b>	First Name	Middle Name	Birth Date:	Grade:
	If there is a custody or parenting plan in effect, are there restrictions on the non-custodial parent contact with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, plan must be on file with the school.			Student Cell Phone:	
				Student Email Address:	
	Is there a restraining order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, legal papers must be on file with the school.				
	Restraining Order is against:  Relationship to Student:				
<b>Primary Household Information</b>	Parent/Guardian #1 Name		Primary Phone:      Mobile Phone:		
	Parent/Guardian #1 Email Address				
	Employer		Work Phone:      Other Phone:		
	Parent/Guardian #2 Name		Primary Phone      Mobile Phone:		
	Parent/Guardian #2 Email Address				
	Employer		Work Phone:      Other Phone:		
<b>EMERGENCY CONTACTS</b>					
When injury, illness or other emergency situations involving your child occur, we want to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian(s) listed on the Student Enrollment Form, list the persons you trust <b>(first and last name)</b> who are available during the day to provide care for your child. <b>(Please provide non-resident parent information as an emergency contact if applicable).</b>					
1.	Relationship to Student	Primary Phone	Second Phone		
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		
2.	Relationship to Student	Primary Phone	Second Phone		
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		
3.	Relationship to Student	Primary Phone	Second Phone		
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		
4.	Relationship to Student	Primary Phone	Second Phone		
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		
<b>OUT-OF-STATE CONTACT</b>					
Name:	Relationship to Student	Primary Phone	Second Phone		
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		
<b>EMERGENCY DISMISSAL PROCEDURES</b>					
In the event of an unanticipated dismissal due to inclement weather, power outage, or other emergency, we are asking that you develop an emergency action plan. <b>The plan must not include use of phones</b> as there may be instances when phone service is disrupted. <u>Please review this plan regularly with your student.</u>					
<b>Student Release Authorization:</b> An emergency may require that we hold students at school for pickup. In that situation, we will release students only to the parents/guardians or those emergency contacts listed above.					
<b>I authorize the school to release my student to the person(s) listed above.</b>					
<b>LEGAL PARENT/GUARDIAN SIGNATURE:</b> _____ <b>DATE</b> _____					