

**Emergency Contact Information  
Non-Public School Students  
Wynantskill Union Free School District  
2011 – 2012**

**SCHOOL ATTENDING:** \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Medical Concerns (asthma, allergies, etc.) \_\_\_\_\_

**Student's Primary Residence Information: Please fill out completely**

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone (Mom/Dad) \_\_\_\_\_

Work Phone (Mom) \_\_\_\_\_ Work Phone (Dad) \_\_\_\_\_

**Emergency Contact Information:**

**1<sup>st</sup> Emergency Contact Information: Please fill out completely**

Name \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**2<sup>nd</sup> Emergency Contact Information: Please fill out completely**

Name \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Sibling Name(s):** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent / Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_