

**Emergency Contact Information
Non-Public School Students
Wynantskill Union Free School District
2018-2019**

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) _____ Cell Phone (Dad) _____

Work Phone (Mom) _____ Work Phone (Dad) _____

Emergency Contact Information:

1st Emergency Contact Information: Please fill out completely

Name _____ Employer _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____

2nd Emergency Contact Information: Please fill out completely

Name _____ Employer _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____

Sibling Name(s): _____ **Grade:** _____

Parent / Guardian Signature: _____

Date: _____