

Emergency Contact Information
Non-Public School Students
Wynantskill Union Free School District
2023-2024

School Attending: _____

Student Name: _____ Grade: _____ Date of Birth: _____

Medical Concerns (asthma, allergies, etc.) _____

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

Parent/Guardian Name: _____

Address: _____

Home Phone: _____

Cell Phone (Mom): _____ Work Phone (Mom): _____

Cell Phone (Dad): _____ Work Phone (Dad): _____

Emergency Contact Information:

1st Emergency Contact Information: Please fill out completely.

Name: _____ Employer: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

2nd Emergency Contact Information: Please fill out completely.

Name: _____ Employer: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Sibling Name(s)/Grade: _____

Parent / Guardian Signature: _____ **Date:** _____