

**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:**

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

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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