

**SAINT MARY OUR MOTHER SCHOOL
STUDENT INFORMATION – EMERGENCY CONTACTS**

Student Name _____	Gender _____	Age _____	Entering Grade _____
Address _____			
Street or Rural Route and Box Number	City	State	Zip Code
Mailing Address If Different _____			
Do parents both reside at this address? _____ Yes _____ No If no, please give name and relationship of person with whom the child resides:			
Name: _____		Relationship: _____	

EMERGENCY CONTACT

It is mandated, in case there is no one home during the school day, to give the names of two relatives or reliable neighbors who will come for and take care of your child should he/she become ill or injured during the day.

Name _____	Relationship _____	
Work # _____	Home# _____	Cell # _____
Address _____		
Name _____	Relationship _____	
Work # _____	Home# _____	Cell # _____
Address _____		

PARENT/GUARDIAN INFORMATION

FATHER			
Name _____	Place of Birth _____		
Last	First	MI	
Address _____			
Street	City	State	Zip
Employer _____		Occupation _____	
Home Phone _____	Cell Phone _____	Work Phone _____	
EMAIL ADDRESS _____			
MOTHER			
Name _____	Place of Birth _____		
Last	First	MI	
Address _____			
Street	City	State	Zip
Employer _____		Occupation _____	
Home Phone _____	Cell Phone _____	Work Phone _____	
EMAIL ADDRESS _____			

We have in place procedures for the rapid contact of parents in the event of an emergency such as school closing and/or a lockdown situation. Email or automated phone calls are made with this system. Please make sure the phone numbers provided on this form are direct dialed numbers (no extensions or automated answers). Most parents choose to give a cell phone number. Email addresses should be ones that are checked regularly.