

**WEBUTUCK CENTRAL SCHOOL DISTRICT**

**SCHOOL EMERGENCY**

**PLEASE COMPLETE THE FOLLOWING AND RETURN TO SCHOOL**

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Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Bus# AM \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Bus #PM \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell#: \_\_\_\_\_

E-Mail: \_\_\_\_\_

For the security and safety of your child, **choose a password for identification purposes.** In the event you call the school requesting a change in your child's schedule that day or confidential information about your child, you will be asked to state your password. **PASSWORD:** \_\_\_\_\_

**Student Resides With: (Please indicate with a check mark)**

Mother: \_\_\_\_\_ Cell# \_\_\_\_\_

Work Place: \_\_\_\_\_ Work# \_\_\_\_\_ ext: \_\_\_\_\_

Father: \_\_\_\_\_ Cell# \_\_\_\_\_

Work Place: \_\_\_\_\_ Work# \_\_\_\_\_ ext: \_\_\_\_\_

Guardian: \_\_\_\_\_ Cell# \_\_\_\_\_

Work Place: \_\_\_\_\_ Work# \_\_\_\_\_ ext: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell: \_\_\_\_\_

**Student's Allergies:** (Please list) \_\_\_\_\_

**Custody Issues:** \_\_\_\_\_

**Sitter's Information:** \_\_\_\_\_ Phone# \_\_\_\_\_  
Full Name Address BUS# \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please check here if address and/or phone numbers have changed since last school year** \_\_\_\_\_.