

ROCKVILLE CENTRE UNION FREE SCHOOL DISTRICT
EMERGENCY HOME CONTACT

Grade _____
Birth Date _____

Student.....
Last Name First Middle Initial

I. Name.....
Mother or person in parental relation Home Address Home Telephone No.
.....
Business Name and Address Office Telephone No. Parent Email Address

Additional numbers where mother/person in parental relation can be reached – Cell phone.....

II. Name.....
Father or person in parental relation Home Address Home Phone No.
.....
Business Name and Address Office Phone No. Parent Email Address

Additional numbers where father/person in parental relation can be reached – Cell phone.....

III. If school cannot get in touch with either of the above, name a relative or friend living close by who may be called upon and if necessary, take the student home if the student becomes ill while in school.

Name..... Address..... Telephone No.....

IV. Name of family healthcare provider.....
Address..... Telephone No.....

V. If at any time the above information must be changed, I will notify the Principal in writing.

Signature of parent/person in parental relation..... Date