

Date _____

2018-2019

PARENTS - IMPORTANT EMERGENCY INFO UPDATE

Please return this form to the school office. It is **your responsibility** to immediately inform our office of any changes. If changes occur, please call the office (331-3062).

Parent Name (Please Print): _____
Last Name Mother Father

Child/ren Name(s) _____

	Mom	Dad
<u>Home address</u>	_____	_____
	_____	_____
<u>Home phone</u>	_____	_____
	_____	_____
<u>Place of Employment</u>	_____	_____
	_____	_____
<u>Work phone</u>	_____	_____
	_____	_____
<u>Cell Phone</u>	_____	_____
	_____	_____
<u>Email address</u>	_____	_____

LIST THE TWO PHONE NUMBERS YOU WOULD LIKE US TO CALL *FIRST* IN THE EVENT THAT BLESSED SACRAMENT SCHOOL NEEDS TO CONTACT YOU.

*Name _____ Phone number _____

*Name _____ Phone number _____

Secondary Contact #1

Name: _____

Relationship: _____

Address: _____

Phone: _____

Secondary Contact #2

Should we be alerted to anyone who is legally not permitted to pick up your child? ___ If so, please provide a copy of the court documents stating such.

- My children _____ are transported to and from school by bus a distance of 1 mile or less each way.
- _____ are transported to and from school by bus a distance of more than 1 mile each way.
- _____ are transported by car
- _____ walk directly home