

**ADELPHI ACADEMY
EMERGENCY CONTACT FORM
2009-2010**

If any of the information provided on this form changes, it should immediately be reported to the Main Office and your child's teacher.

Name of Student: _____ **Grade:** _____
(Last Name) (First Name) (Middle)

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Neighborhood (e.g. Bay Ridge): _____

Home Phone Number: () _____ **Language(s) Spoken at Home:** _____

Birth Date: ____/____/____ **Sex:** Male [] Female []
MM DD YYYY

Social Security Number: _____ **Date of Entry:** ____/____/____

Mother/Female Guardian: _____ **Work Phone Number:** () _____
(Full Name)

Email Address: _____ **Cellular Phone Number:** () _____

Father/Male Guardian: _____ **Work Phone Number:** () _____
(Full Name)

Email Address: _____ **Cellular Phone Number:** () _____

Please add any additional information, medical conditions, medications or allergies in the space provided below:

*It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent as indicated above, will be respected as best as possible.

Family Physician: _____ **Telephone Number:** _____

Please list the names, addresses and telephone numbers of at least three persons who can be reached at all times in the event of an emergency, if parent(s)/guardian(s) cannot be reached:

Name # 1 _____

Relationship: _____

Address: _____

Phone # () _____

Name # 2 _____

Relationship: _____

Address: _____

Phone # () _____

Name # 3 _____

Relationship: _____

Address: _____

Phone # () _____

With whom does the student reside?

To whom should all mailings be addressed?

Second address for all mailings if required:

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____

Please list any other children living in the household:

Name: _____

Name: _____

Birthday: _____

Birthday: _____

Sex: _____ Grade: _____

Sex: _____ Grade: _____

School currently attending (if any):

School currently attending (if any):

(If needed, add additional information on another sheet of paper).

Signature of Parent(s)/Guardian(s): _____

Date: _____