

Memorial Park Elementary School

EMERGENCY INFORMATION CARD

STUDENT INFORMATION

Last Name _____ First _____ Middle _____

Address _____

City _____ State NY Zip _____ Home Phone _____

Grade Entering _____

Sex M F Birthday ____/____/____ Birth Place _____ Grade Entering _____

Choose as many as applicable:

____ White

____ Black or African American

____ Asian

____ American Indian or Alaskan Native

____ Native Hawaiian/Other Pacific Islander

Hispanic ____ Yes or ____ No

CUSTODIAL / EMERGENCY CONTACT INFORMATION

Student **Resides** with PARENTS MOTHER ONLY FATHER ONLY GUARDIAN

Mother's Name(s) _____

Address _____

Home Phone _____ Cell Phone _____

Mother's Employer _____ Work Phone _____

Mother's Email Address _____

Father's Name(s) _____

Address _____

Home Phone _____ Cell Phone _____

Father's Employer _____ Work Phone _____

Father's Email Address _____

Sibling's Names _____ DOB _____

_____ DOB _____

_____ DOB _____

Please list two (2) additional EMERGENCY CONTACTS below -

Contact Name(s) _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____

Work Phone _____

Contact Name(s) _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____

Work Phone _____

Previous school attended _____ Grade _____

Teacher _____ Phone _____ Fax _____