## Emergency Information (2021-2022)

Student's Name (s)	
Home Address:	
	zip code
Where can parents/ or lega	guardian be reached if not at home?
Mother:	
Cell Number:	
Email:	
Father:	
Cell Number:	
Email:	
List a friend or relative wh	will assume temporary care of your child.
1. Name:	(relation)
Cell Number:	Email:
2. Name:	(relation)
Cell Number:	Email:
3. Name:	(relation)
Cell Number:	Email: