

**GERALDINE W. JOHNSON SCHOOL
STUDENT EMERGENCY INFORMATION 2020-2021**

Student Number: _____ Grade: _____ Room: _____
PLEASE COMPLETE THE FOLLOWING*PRINT CLEARLY***BLACK OR BLUE INK ONLY**
Student Last Name: _____ First Name: _____
Date of Birth: _____ Male _____ Female _____
Student Lives with Parent _____ Guardian _____
Home Address: _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian Name: _____ Home Phone: _____
Home Address: _____ Cellular Phone: _____
Employer's Name: _____ Work Phone: _____
Email address: _____
Father /Guardian Name: _____ Home Phone: _____
Home Address: _____ Cellular Phone: _____
Employer's Name: _____ Work Phone: _____
Email address: _____

EMERGENCY CONTACTS:

(SOMEONE OTHER THAN PARENT/GUARDIAN & ALSO ALLOWED TO PICK UP CHILD)

1. Name: _____ Relationship: _____
Home Address: _____ City: _____ State: _____
Cellular Phone: _____ Home Phone: _____
Work Phone: _____
2. Name: _____ Relationship: _____
Home Address: _____ City: _____ State: _____
Cellular Phone: _____ Home Phone: _____
Work Phone: _____
3. Name: _____ Relationship: _____
Home Address: _____ City: _____ State: _____
Cellular Phone: _____ Home Phone: _____
Work Phone: _____
4. Name: _____ Relationship: _____
Home Address: _____ City: _____ State: _____
Cellular Phone: _____ Home Phone: _____
Work Phone: _____
5. Name: _____ Relationship: _____
Home Address: _____ City: _____ State: _____
Cellular Phone: _____ Home Phone: _____
Work Phone: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____