

EAST GREENWICH TOWNSHIP SCHOOLS
PUPIL DATA/EMERGENCY SCHOOL CLOSING FORM

Student's Full Name: _____ Birth Date _____ () Male () Female

Address: _____

Grade: _____ Teacher: _____

Names of Parents/Guardians (with whom your child resides)

Home Telephone

Cell Phone: _____ (Mother) _____ (Father)

Family E-Mail: _____

Mother's Occupation

Employer

Telephone

Father's Occupation

Employer

Telephone

If neither parent can be contacted, advise who should be called in a **medical emergency**:

Name Relationship Telephone

Name Relationship Telephone

If none of the above can be contacted, do you authorize school personnel to take whatever action they deem necessary? **YES** _____ **NO** _____

If **NO**, you must give further directions: **Costs of medical services are parents' responsibility.**

Does your child normally go directly home after school? **YES** ____ **NO** ____

If **NO** where does she/he normally go?

If you cannot be contacted, advise who should be called in a **weather emergency**:

1. _____
Name Relationship Telephone

2. _____
Name Relationship Telephone

Please list brothers and sisters who attend school, using other side, if necessary:

Name _____ Birth Date _____ School _____

Name _____ Birth Date _____ School _____

Name _____ Birth Date _____ School _____

Parent/Guardian Signature: _____ Date: _____

Please remember it is important to notify the school office of any changes throughout the year.