

## EMERGENCY CONTACT INFORMATION

Name: _____	<b>Relationship to Student:</b> <input type="checkbox"/> Adult Contact <input type="checkbox"/> Emergency <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other Relative <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Other _____
Address: _____ _____	
Home Phone: _____ Cell Phone _____	
Email: _____	
Student lives with this adult? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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