

East Penn School District

Emergency Contact Information

School Year: 2017/2018

Name of student:

Last: _____

Gender: M F

First: _____

Birth Date: _____

Middle: _____

Building: _____

Grade: _____

Emergency Contact(s):

1st Contact

2nd Contact

3rd Contact

First Name: _____

Middle Name: _____

Last Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Parent / Guardian Name: _____

(Please Print)

Parent Signature

Date