

Sacred Heart Academy

STUDENT EMERGENCY INFORMATION SHEET

Student's Name _____
Last First Grade Birthdate SSN# Cell Phone #

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HOME ADDRESS _____
Street City Zip

HOME PHONE _____

PARENT OR GUARDIAN

Mother's Name _____ Cell Phone _____

Mother's Address (if different from home address above) _____

Father's Name _____ Cell Phone _____

Father's Address (if different from home address above) _____

Where parents can be reached when not at home during school hours:

Mother _____
Place of Employment Address Phone

Father _____
Place of Employment Address Phone

List the name of a neighbor or relative who will assume care of your child if you cannot be reached:

Name Address Relationship Phone

Name Address Relationship Phone