



St. Charles School

Achieving Excellence Together

Student/Family Emergency Contact Form

Please *print* clearly, complete *all* of the requested information and return to MAIN OFFICE

Family Name: _____ Home Phone #: (____) _____ - _____

Mother/Guardian's Name: _____

Father/Guardian's Name: _____

Address: _____ Zip: _____

Primary e-mail contact: _____

Secondary e-mail contact: _____

Child's Name: 1. _____ Grade: _____

Child's Name: 2. _____ Grade: _____

Child's Name: 3. _____ Grade: _____

Child's Name: 4. _____ Grade: _____

Please indicate *order* (#1, #2, #3, etc.) in which school should try to reach family by phone:

Home phone #: (____) _____ - _____

Mother's Cell #: (____) _____ - _____ Mother's Work: (____) _____ - _____

Father's Cell#: (____) _____ - _____ Father's Work #: (____) _____ - _____

Only the following person(s) *OTHER THAN PARENTS/GUARDIANS* may pick up my child/ren:

Full Name	Relationship	PHONE #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____