

New Paltz Central School District
STUDENT AND EMERGENCY CONTACT INFORMATION

Please print

Homeroom/Grade _____

STUDENT NAME _____ **D.O.B.:** _____

(First) (Middle) (Last) (Jr / Sr / III / IV)

STUDENT RESIDENTIAL ADDRESS

STREET _____ APT. _____

CITY _____, NY ZIP _____

HOME PHONE _____

STUDENT MAILING ADDRESS (only if different than Residential)

STREET _____ APT. _____

CITY _____, NY ZIP _____

HOME PHONE _____

**G
U
A
R
D
I
A
N**

NAME _____
(Mr., Mrs., Ms., Miss) (First) (Middle) (Last) (Jr / Sr / III / IV)

STREET _____ APT.# _____

CITY _____ STATE _____ ZIP _____

HOME PH _____ WORK PH _____ Cell PH _____

EMAIL ADDRESS _____

PLACE OF EMPLOYMENT _____

Relationship to student

 Living with Student
YES / NO

**G
U
A
R
D
I
A
N**

NAME _____
(Mr., Mrs., Ms., Miss) (First) (Middle) (Last) (Jr / Sr / III / IV)

STREET _____ APT.# _____

CITY _____ STATE _____ ZIP _____

HOME PH _____ WORK PH _____ Cell PH _____

EMAIL ADDRESS _____

PLACE OF EMPLOYMENT _____

Relationship to student

 Living with Student
YES / NO

Paperless option: Do you wish to receive notifications via your computer? Check if Yes Preferred email address _____

Person(s) to be contacted in case of emergency if parent/guardian cannot be reached. Please list in the order you would like them called.

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

OTHER CHILDREN IN FAMILY who are in the school district:

NAME _____ GRADE _____ NAME _____ GRADE _____
(First) (Last) (First) (Last)

NAME _____ GRADE _____ NAME _____ GRADE _____
(First) (Last) (First) (Last)

EMERGENCY INFORMATION If available, provide updated immunization records for your child with this form.

PHYSICIAN _____ PHONE _____ HOSPITAL CHOICE _____

DENTIST _____ PHONE _____

Allergies: Food _____ Insect _____ Medication _____ Medical Condition _____

EMERGENCY DISMISSAL INFORMATION

In the event of an EARLY DISMISSAL due to inclement weather or other emergency, please indicate if your child will be picked up or bussed. Choose **ONE** and complete the information. NOTICE: the school **WILL NOT** contact parents individually in the event of an unexpected school closing.

- Please transport my child to our home on his/her regular bus.
- My child will be picked up by a guardian or emergency contact. I will listen to the radio for early dismissal information, or call the school closing line at 256-4099 if a winter storm is predicted. I understand that if I am not there by dismissal, my child will be put on the bus.
- Bus my child to the following address in the New Paltz Central School District:

Name _____ Tel.# _____ Relationship _____

Address _____ Bus # _____

The people listed on this form (contacts and guardians) are authorized to pick up my child from school or from the bus stop. In case of a medical emergency, we hereby authorize the school district to seek emergency medical assistance for our child if we cannot be reached.

Signature of Parent/Guardian _____ **Date** _____

OFFICE USE ONLY ID# _____ Date entered into student management system _____ School year _____