

# EMERGENCY INFORMATION

Snohomish School District No. 201, Snohomish, WA 98290

Please print student's last name \_\_\_\_\_

Bus # \_\_\_\_\_

*In order to provide immediate and safe care for your child and carry out your wishes in case of injury or illness at school, we require the following information. Please fill out completely. **Please Print.***

Student Name \_\_\_\_\_ Birth date \_\_\_\_\_ Grad Year \_\_\_\_\_  
Last First Initial

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address if different from home address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Lives with: Parents Mother only Mother/Stepfather Guardian Father only Father/Stepmother  
Other \_\_\_\_\_

Parent/Guardian Name 1. \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Name 2. \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Primary language spoken at home: English Spanish Other \_\_\_\_\_

Day Care Provider (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

Please complete the following if student has a non-custodial parent who can make emergency decisions for the student and receive copies of records involving this student, including newsletters, grade reports, correspondence, etc.

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian Name 1. \_\_\_\_\_ E-mail Address \_\_\_\_\_

Place of business \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Name 2. \_\_\_\_\_ E-mail Address \_\_\_\_\_

Place of business \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In addition to the parent/guardian, if you cannot be reached, the school may call and release your child to any of the following:

Name 1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

3. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please list all children in Snohomish School District this year. (Please list students in this school first.)

Last Name	First Name	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please check here if any information on this form is new.

**\*\*\*THIS FORM MUST BE RETURNED AT REGISTRATION**