JKHA/RKYHS/SINAI

2010-11

Pupil Emergency Information Form

Completed forms are required to be submitted to the school office for student admission to class.
PLEASE PRINT CLEARLY USING BLOCK LETTERS

Family Name: _____

	Pupil First Name	Hebrew Name	Birth Date	Grade 10-11
1.				
2.				
3.				
4.				
5.				

Father

Name: _____
Home Address: _____
City: _____ **ZIP** _____
Home # : _____
Cell Phone: _____
Employer: _____
Work # : _____
Pager #: _____
Fax # : _____
Email: _____

Mother

Name: _____
Home Address: _____
City: _____ **ZIP** _____
Home # : _____
Cell Phone: _____
Employer: _____
Work # : _____
Pager #: _____
Fax # : _____
Email: _____

Parents living together? _____ **Y** _____ **N**

Emergency Contacts

Please check who should be contacted first in case of emergency: ☐ Mother ☐ Father

☐ **Other:** _____ _____
Name Phone Number

List two neighbors or relatives who will assume temporary care / responsibility of your children if you cannot be reached.

	Name	Relationship	Phone #	Cell #
1.				
2.				

If emergency treatment is required, I authorize the school to make the necessary arrangements to assist in the well-being of my child, including calling 911 and transporting my child to the nearest hospital.

Parent Signature	Print Name	Date
Parent Signature	Print Name	Date

In the event of an early dismissal due to snow or other emergency, my children should follow these directions: