

This form must be returned by **Thursday, August 31, 2017**  
in order for your student(s) to enter class on Tuesday, September 5, 2017

## 2017/2018 SJA EMERGENCY INFORMATION

If student(s) shares more than one household, please complete a form for both households

### FAMILY INFORMATION

Student Last Name:

Street Address:

City:

Zip:

Mailing Address (if different from above):

Home Phone:

### MOTHER/PARENT 1 INFORMATION

First and Last Name:

Occupation:

Cell Phone:

Employer:

Work Phone:

E-mail:

### FATHER/PARENT 2 INFORMATION

First and Last Name:

Occupation:

Cell Phone:

Employer:

Work Phone:

E-mail:

### STUDENT INFORMATION

**Student 1 First Name:**

Birthdate:

Grade:

Precautions/Allergies:

Required Medication:

**Student 2 First Name:**

Birthdate:

Grade:

Precautions/Allergies:

Required Medication:

**Student 3 First Name:**

Birthdate:

Grade:

Precautions/Allergies:

Required Medication:

**Student 4 First Name:**

Birthdate:

Grade:

Precautions/Allergies:

Required Medication:

### EMERGENCY CONTACT/PERMISSION TO PICK UP MY CHILDREN

Please list below the names of people who have your permission to pick up your child(ren) after school, in case of illness, or for some other form of emergency. Please include the **current** cell phone/contact number. We do not have the facilities on campus to care for an ill child for an extended period of time. **If you decide to have someone pick up your child that is not on this list, you MUST notify your child's teacher and the school office. Thank You!**

Name (First & Last)/Relationship:	Phone Number(s):	Will your child know this person?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>