



**2022-2023 School Year Student Emergency Contact Form**  
*Please return this form on or before the first day of school. ONE PER STUDENT*

**Check here if address, phone or email has changed**

Student LAST Name		Student FIRST Name		DOB
Grade	Teacher Name		Bus #	Walker
Student Mailing Address			City	Zip

**Father Information**

NAME	EMAIL	CELL PHONE
ADDRESS (If different than Student)		Father's Employer

**Mother Information**

NAME	EMAIL	CELL PHONE
ADDRESS (If different than Student)		Mother's Employer

**Guardian Information**

NAME	EMAIL	CELL PHONE
ADDRESS (If different than Student)		Guardian's Employer

**Home Situation (check all that apply)**

<input type="checkbox"/> Two Parents	<input type="checkbox"/> One Parent	<input type="checkbox"/> Parents Separated/Divorced	<input type="checkbox"/> Mother/Stepfather
<input type="checkbox"/> Father/Stepmother	<input type="checkbox"/> Father/Remarried	<input type="checkbox"/> Mother/Remarried	<input type="checkbox"/> Other

**Paternal Grandparents**

Name	Email
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**Maternal Grandparents**

Name	Email
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**Other Children**

Name	School	Grade
Name	School	Grade

**The following person(s) may be contacted in CASE of EMERGENCY and/or may pick up my child from SJGS:**

Name	Relationship	Cell
Name	Relationship	Cell
Name	Relationship	Cell

Parent/Guardian Signature

Date

**I/We have answered 3 Agreements (Handbook, Technology Acceptable Use & Photo Permission) on Genesis.**