



Emergency Contact, School Communication, and Legal Residence Form

Student Information

First Name	Middle Name	Last Name	Date of Birth	Grade	Health Notes

Student Home Street Address	City	Zip Code

School district that student(s) reside in (e.g. Oshkosh Area):	
Hospital of choice:	

Parent/guardian at **same address** as student:

First Name	Last Name	Legal Guardian?	Relation
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other

Contact email address:	
Contact phone number:	

Parent/guardian at **same address** as student:

First Name	Last Name	Legal Guardian?	Relation
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other

Contact email address:	
Contact phone number:	

Is there any special family situation we should be aware of, such as divorce, custody, or guardianship? If so, please specify.

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Parent/guardian at **different address** from student:

First Name	Last Name	Legal Guardian?	Relation
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other

Parent/guardian Street Address	City	Zip Code

Contact email address:	
Contact phone number:	

Emergency Contact 1:

- ✓ List parents ✓ List people and numbers in the order we should try ✓ Only list people authorized to pick up your child
- ✓ You don't necessarily need to fill in all four contacts ✓ List employer name for work number and indicate if direct line

Name:		Relationship to Child:	
Phone number 1:		<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Notes:
Phone number 2:		<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Notes:
Phone number 3:		<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Notes:

Emergency Contact 2:

Name:		Relationship to Child:	
Phone number 1:		<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Notes:
Phone number 2:		<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Notes:
Phone number 3:		<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Notes:

Emergency Contact 3:

Name:		Relationship to Child:	
Phone number 1:		<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Notes:
Phone number 2:		<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Notes:
Phone number 3:		<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Notes:

Emergency Contact 4:

Name:		Relationship to Child:	
Phone number 1:		<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Notes:
Phone number 2:		<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Notes:
Phone number 3:		<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Notes: