

MONTICELLO CENTRAL SCHOOL DISTRICT EMERGENCY CONTACT CARD

Please Print ONLY – ALL Information MUST be Completed

Student: Last Name	First Name	M. I.	Grade	Date of Birth	Bus #	Homeroom
Parent/Guardian: Last Name STUDENT'S (18 YRS) INFO	First Name	Home Phone: Parent/guardian/ OR STUDENT OVER 18 YRS.	Cell Phone		Work Phone	
Parent/Guardian Home Address	City – State – Zip					Student Gender: M F (Circle One)
Mailing Address if Different	Parent/Guardian Relationship					Student Eye Color: _____
City – State – Zip						Student Hair Color: _____
						Student Height: _____

IN CASE OF EMERGENCY – School Official(s) are designated to call:

Contact #1 Last Name	Contact #1 First Name	Contact #1 Relationship	Contact #1 Home Phone	Contact #1 Cell Phone
Contact #1 Home Address	City – State – Zip			ext. _____
Contact #2 Last Name	Contact #2 First Name	Contact #2 Relationship	Contact #2 Home Phone	Contact #2 Cell Phone
Contact #2 Home Address	City – State – Zip			ext. _____
Contact #3 Last Name	Contact #3 First Name	Contact #3 Relationship	Contact #3 Home Phone	Contact #3 Cell Phone
Contact #3 Home Address	City – State – Zip			ext. _____

IN CASE OF EMERGENCY AND YOUR CHILD REQUIRES GOING TO A PLACE OTHER THAN HOME – PLEASE COMPLETE THIS SECTION:

Other Last Name	Other First Name	Other Relationship	Other Phone	Other Cell Phone
Other Address	City – State – Zip			ext. _____
Parent/Guardian/Signature	Date			

<p>FOR SCHOOL USE ONLY: CHECK ONE</p> <p><input type="checkbox"/> CD (6) <input type="checkbox"/> ECC (5) <input type="checkbox"/> GLC (4) <input type="checkbox"/> KLR (3) <input type="checkbox"/> RJK (1) <input type="checkbox"/> MHS (2)</p> <p>Date Completed: _____</p>
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