

**EMERGENCY INFORMATION FORM  
GLEN COVE CITY SCHOOL DISTRICT  
STUDENT INFORMATION**

Please complete all the information on this form.

**ALL FORMS MUST BE RETURNED TO THE SCHOOL'S MAIN OFFICE**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_ Teacher \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_

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Mother's/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Place of Business \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Place of Business \_\_\_\_\_ Cell Phone \_\_\_\_\_

Student Lives With: \_\_\_\_\_

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**In an emergency, if I (we) cannot be reached at any of the numbers listed above, you may call the following. They are authorized to pick up my child for illness, accident or early dismissal purposes. Should anyone else be so requested, I further understand that it is my responsibility to notify the school in writing.**

Name _____	Address _____	Home Phone _____
_____	_____	Work Phone _____
___ Relative ___ Friend ___ Neighbor		Cell Phone _____

Name _____	Address _____	Home Phone _____
_____	_____	Work Phone _____
___ Relative ___ Friend ___ Neighbor		Cell Phone _____

Name _____	Address _____	Home Phone _____
_____	_____	Work Phone _____
___ Relative ___ Friend ___ Neighbor		Cell Phone _____

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Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

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**If you do not wish to have your child released to an individual, please notify this office in writing. If for legal reasons, i.e., divorce or separation, a court order must be on file in the office.**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date