HICKSVILLE PUBLIC SCHOOLS

Hicksville, NY 11801

STUDENT EMERGENCY INFORMATION

PLEASE PRINT ALL INFORMATION

Student Name: _____ **Grade:**____ **Teacher:** _____
Elementary Students Only

Address:_____ **Home Phone #**_____

School: ☐**Burns** ☐**Dutch** ☐ **East** ☐ **Fork** ☐ **Lee** ☐ **OCR** ☐ **Woodland** ☐ **Middle School** ☐**High School**

Student walks to/from school: ☐ **Student rides district bus to/from school** ☐ **Bus #**_____

PARENT/GUARDIAN #1

Name_____ **Daytime Phone #** _____

Relationship _____ **Cell Phone #** _____

Alternate Phone # _____

PARENT/GUARDIAN #2

Name_____ **Daytime Phone #** _____

Relationship _____ **Cell Phone #** _____

Alternate Phone # _____

EMERGENCY CONTACT #1

Name_____ **Daytime Phone #** _____

Relationship _____ **Cell Phone #** _____

Alternate Phone # _____

EMERGENCY CONTACT #2

Name_____ **Daytime Phone #** _____

Relationship _____ **Cell Phone #** _____

Alternate Phone # _____

EMERGENCY CONTACT #3

Name_____ **Daytime Phone #** _____

Relationship _____ **Cell Phone #** _____

Alternate Phone # _____

All emergency information needs to be updated regularly. Please notify your child's school immediately of any changes in contact information or phone numbers. An updated sheet needs to be completed each September and January.

Parent Signature: _____ **Date:** _____