

**HICKSVILLE PUBLIC SCHOOLS
STUDENT EMERGENCY INFORMATION**

PLEASE PRINT ALL INFORMATION

Student Name: _____ Grade: _____ Teacher: _____	
Elementary Students Only	
Address: _____	Home Phone # _____
School: <input type="checkbox"/> Burns <input type="checkbox"/> Dutch <input type="checkbox"/> East <input type="checkbox"/> Fork <input type="checkbox"/> Lee <input type="checkbox"/> OCR <input type="checkbox"/> Woodland <input type="checkbox"/> Middle School <input type="checkbox"/> High School	
Student walks to/from school: <input type="checkbox"/> Student rides district bus to/from school <input type="checkbox"/> 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: _____