

**STUDENT EMERGENCY FORM**

Parent(s)/Guardian(s),  
 Communications between you and your child's school is critical for student success and safety. The contact info you provide here will be used to update you on both educational and emergency situations during the 2021-22 school year. Please take the time to review and/or fill out ALL fields completely. Also, please indicate here if you do not want us to contact you via text message. Be advised that, depending on your cell service plan, you may be charged for these messages.  
**PLEASE CHECK HERE IF YOU DO NOT WANT THE PROVIDENCE PUBLIC SCHOOL DISTRICT TO SEND YOU TEXT MESSAGES RELATED TO YOUR CHILD AND HIS/HER SCHOOL:**

**\*Please print below\***

Student Name:		Date of Birth:		Grade:		Student ID:	
Primary Address (include street, apt. no. and zip code):							
Guardian 1:		Guardian 2:					
Home Phone #:		Home Phone #:					
Cell Phone #:		Cell Phone #:					
Work Phone #:		Work Phone #:					
E-Mail:		E-Mail:					
Relationship:		Relationship:					

**\*If Parent(s)/Guardian(s) address is different than student's address please indicate below\***

2nd Address (include street, apt. no. and zip code):							
Guardian 1:		Guardian 2:					
Home Phone #:		Home Phone #:					
Cell Phone #:		Cell Phone #:					
Work Phone #:		Work Phone #:					
E-Mail:		E-Mail:					
Relationship:		Relationship:					

**List all siblings currently attending a Providence Public School**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Relationship: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Relationship: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Relationship: \_\_\_\_\_ School: \_\_\_\_\_

Do you have a **NO CONTACT** order against any person(s) in regards to your child? \*Circle one\* - Yes No  
 If you marked **YES**, please list the person(s) name(s): \_\_\_\_\_

**\*A copy of a valid 'Non-Contact Order' from the court must be filed in the Main Office of your child's school.\***

**\*The person(s) listed below are allowed to pick up your child. They MUST have a valid picture ID.\***

**\*Any previous contacts NOT listed on this form will NOT be allowed to pick up your child\***

1.		Relationship:		Phone #:	
2.		Relationship:		Phone #:	
3.		Relationship:		Phone #:	
4.		Relationship:		Phone #:	
5.		Relationship:		Phone #:	

NOTE: If your child has more than three siblings, or if you wish to give permission to more than five people to pick up your child, please attach that information to this form. To ensure this information is logged correctly, please make sure any attachments include your child's name and "Student ID" number.

PARENT/CAREGIVER SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_