



Watfa Shama, Principal

**EMERGENCY CONTACT
Form
2013-2014 School Year**

Date: _____

STUDENT INFORMATION:

Student Last Name _____ Student First Name _____

DOB _____ Grade _____ OSIS _____

PARENT/GUARDIAN INFORMATION:

Father _____

Mother _____

Address _____

Address _____

City, State Zip _____

City, State Zip _____

Home Phone _____

Home Phone _____

Cell Phone _____

Text ok

Cell Phone _____

Text ok

Work Phone _____

Work Phone _____

Video Phone _____

Video Phone _____

Email _____

Email _____

Email 2 _____

Email 2 _____

Language Preferred _____
(ASL, English, Spanish, etc.)

Language Preferred _____
(ASL, English, Spanish, etc.)

IN CASE OF EMERGENCY PLEASE CONTACT:

Name: _____

Relationship to Student _____

Language Preferred _____
(ASL, English, Spanish, etc.)

Address _____

City, State Zip _____

Phone Numbers:

Cell _____ Home _____ Work _____

Video _____

