Emergency Contact Information 2020-21

Please read the statement below carefully.

Parent(s)/legal guardians(s), by signing this form, you are giving City Academy permission to contact the person(s) listed in case of an emergency, and/or to release your student to the person(s) listed. Please note that by signing, you agree that you have read this information, to keep the information on this form updated, and you also understand that City Academy is not liable for any false or out-dated information included on this form.

By checking the Authorized Sign-In/Sign-Out, you are giving the person(s) listed on this form authorization to sign the listed City Academy student in at the beginning of the school day, and sign them out at the end of a school day. By signing, you also understand that the student listed will not be allowed to be signed in or out without an authorized signature.

By checking the Emergency Contact box, the person(s) listed will be used as emergency contacts for the listed City Academy student. Should the school need to contact the family of a student in instances of emergency, the information provided on this form would be used to make necessary contacts. City Academy elects to make first attempt to the student's parent(s)/guardian(s), then continue in sequential order until someone on this form has been notified of the emergency.

Student Name & Grade (Please Print): _____

Mother/Legal Guardian Signature: _____

Mother/Legal Guardian (Print): _____

Father/Legal Guardian Signature: _____

Father/Legal Guardian (Print): _____

Name	Relationship
Home address	
City	State & Zip
Home Phone	Work Phone
Cell Phone	Please select: ☐ Emergency Contact ☐ Authorized Sign-In/Out
Name	Relationship
Home address	
City	State & Zip
Home Phone	Work Phone
Cell Phone	Please select: ☐ Emergency Contact ☐ Authorized Sign-In/Out

Name	Relationship
Home address	
City	State & Zip
Home Phone	Work Phone
Cell Phone	Please select: ☐ Emergency Contact ☐ Authorized Sign-In/Out
Name	Relationship
Home address	
City	State & Zip
Home Phone	Work Phone
Cell Phone	Please select: ☐ Emergency Contact ☐ Authorized Sign-In/Out
Name	Relationship
Home address	
City	State & Zip
Home Phone	Work Phone
Cell Phone	Please select: ☐ Emergency Contact ☐ Authorized Sign-In/Out
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City	State & Zip
Home Phone	Work Phone
Cell Phone	Please select: ☐ Emergency Contact ☐ Authorized Sign-In/Out
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Cell Phone	Please select: ☐ Emergency Contact ☐ Authorized Sign-In/Out

Name	Relationship
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Home Phone	Work Phone
Cell Phone	Please select: ☐ Emergency Contact ☐ Authorized Sign-In/Out
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Home Phone	Work Phone
Cell Phone	Please select: ☐ Emergency Contact ☐ Authorized Sign-In/Out
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City	State & Zip
Home Phone	Work Phone
Cell Phone	Please select: ☐ Emergency Contact ☐ Authorized Sign-In/Out
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Home Phone	Work Phone
Cell Phone	Please select: ☐ Emergency Contact ☐ Authorized Sign-In/Out