

Trinity Christian School

Family and Emergency Contact Information

Student Name: _____

Gender: M F

Grade: _____

Parent or Guardian
 Circle one: Mother Father Stepmother Stepfather
 Grandmother Grandfather Guardian
 Circle Title: Dr. Mr. Mrs. Ms. Rev.

Parent or Guardian
 Circle one: Mother Father Stepmother Stepfather
 Grandmother Grandfather Guardian
 Circle Title: Dr. Mr. Mrs. Ms. Rev.

Last Name	First	Middle Initial
Number and Street		
Town	State	Zip Code
Home Phone	Cell Phone	Work Phone
E-Mail: _____		
Employer		
Employer's Address		

Last Name	First	Middle Initial
Number and Street		
Town	State	Zip Code
Home Phone	Cell Phone	Work Phone
E-Mail: _____		
Employer		
Employer's Address		

***Authorized Pickup 1**

Authorized Pickup 2

Name: _____
Relationship to Student: _____
Home Phone: () _____
Work Phone: () _____
Cell Phone: () _____

Name: _____
Relationship to Student: _____
Home Phone: () _____
Work Phone: () _____
Cell Phone: () _____

Family Doctor: _____
Phone: () _____
Family Dentist: _____
Phone: () _____
Family Hospital: _____

*** Please note:** Identification will be required and copied the first time an authorized person comes to pick up your child/children. This information will be kept in the school office and a copy given to your child's teacher.

Emergency Contact 1

Emergency Contact 2

Emergency Contact 3

Name: _____
Relationship to Student: _____
Home Phone: () _____
Work Phone: () _____
Cell Phone: () _____

Name: _____
Relationship to Student: _____
Home Phone: () _____
Work Phone: () _____
Cell Phone: () _____

Name: _____
Relationship to Student: _____
Home Phone: () _____
Work Phone: () _____
Cell Phone: () _____

EMERGENCY RELEASE: In case of an emergency, when I/we or those designated on this page cannot be reached, Trinity Christian has my/our permission to give my/our child first aid, call the child's physician or transfer the child to the *nearest* Emergency Room. I/we understand that is my responsibility to notify the school if any of the information on this sheet changes.

Signed: _____ Date: _____
 Father/Guardian

Signed: _____ Date: _____
 Mother/Guardian