BENITO JUÁREZ COMMUNITY ACADEMY
2019-2020 School Year
Emergency Contact Information Form

STUDENT INFORMATION

Student Last Name

Student First Name

Gender
☐ Male ☐ Female

Birth Date
☐☐ / ☐☐ / ☐☐☐☐

CPS ID

Home Address

FIRST EMERGENCY CONTACT

Last Name

First Name

Primary Phone
☐☐☐ – ☐☐☐ – ☐☐☐☐

Relationship to student

Email Address
@

Is this person authorized to pick up student from school?
☐ Yes ☐ No

SECOND EMERGENCY CONTACT

Last Name

First Name

Primary Phone
☐☐☐ – ☐☐☐ – ☐☐☐☐

Relationship to student

Email Address
@

Is this person authorized to pick up student from school?
☐ Yes ☐ No

THIRD EMERGENCY CONTACT

Last Name

First Name

Primary Phone
☐☐☐ – ☐☐☐ – ☐☐☐☐

Relationship to student

Email Address
@

Is this person authorized to pick up student from school?
☐ Yes ☐ No

Signature of Parent/Guardian

Date
☐☐ / ☐☐ / ☐☐☐☐