

BENITO JUÁREZ COMMUNITY ACADEMY 2018-2019 School Year





Emergency Contact Information Form

STUDENT INFORMATION	
Student Last Name	Student First Name
Gender Birth Date	CPS ID
Male Female / / / /	
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	
INO	
SECOND EMERGENCY CONTACT	
Last Name	First Name
Primary Phone	Relationship to student
Email Address	
Ellidii Address	
Is this person authorized to pick up student from school?	
Yes No	
THIRD EMERGENCY CONTACT Last Name	First Name
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 Depart/Counties	
Signature of Parent/Guardian	Date