

GOODE

SARAH E. GOODE STEM ACADEMY

This section is to be completed by office staff:

- Completely replacing prior form (old form will be discarded)
- Adding contacts/editing info only (will keep old form)

SARAH E. GOODE STEM ACADEMY EMERGENCY FORM

STUDENT ID # _____ DIVISION # _____ BIRTH DATE _____

PRIMARY LANGUAGE SPOKEN AT HOME _____

STUDENT NAME _____
LAST FIRST MIDDLE INITIAL

HOME ADDRESS _____ *

FATHER'S NAME _____ LIVING _____ DECEASED _____ (CHECK ONE)

MOTHER'S NAME _____ LIVING _____ DECEASED _____ (CHECK ONE)

BOTH PARENTS PERMITTED TO PICK UP STUDENT FOR EARLY DISMISSAL: YES NO

IF "NO", LIST PARENT NOT PERMITTED TO PICK UP STUDENT: _____

PARENTS E-MAIL ADDRESS _____

LEGAL GUARDIAN'S NAME _____ RELATIONSHIP _____

DCFS AGENCY _____ CASE MANAGERS NAME _____ PHONE _____

Parents will always be the primary contact unless they are not the legal guardians

FATHERS CONTACT INFORMATION Contact 1st 2nd

Primary Number _____ Cell Phone Home Phone Work Phone

Secondary Number _____ Cell Phone Home Phone Work Phone

MOTHERS CONTACT INFORMATION Contact 1st 2nd

Primary Number _____ Cell Phone Home Phone Work Phone

Secondary Number _____ Cell Phone Home Phone Work Phone

THE ABOVE INFORMATION IS CORRECT AND COMPLETE. I UNDERSTAND THAT ENTRY TO Sarah E. Goode STEM ACADEMY BASED UPON MISLEADING OR FALSE INFORMATION MAY CAUSE CANCELLATION OF ENROLLMENT AT Sarah E Goode STEM Academy.

PARENT SIGNATURE _____ DATE _____

GOODE

SARAH E. GOODE STEM ACADEMY

This section is to be completed by office staff:

- Completely replacing prior form (old form will be discarded)
- Adding contacts/editing info only (will keep old form)

Sarah E. Goode STEM Academy Emergency Form(Page2)

**After we have attempted to reach parents/legal guardians (listed on 1st page), we will attempt to reach the following contacts:*

Emergency Contact _____ **Relationship** _____

Primary Number _____ Cell Phone Home Phone Work Phone

Secondary Number _____ Cell Phone Home Phone Work Phone

Has permission to pick up student: YES NO

Emergency Contact _____ **Relationship** _____

Primary Number _____ Cell Phone Home Phone Work Phone

Secondary Number _____ Cell Phone Home Phone Work Phone

Has permission to pick up student: YES NO

Emergency Contact _____ **Relationship** _____

Primary Number _____ Cell Phone Home Phone Work Phone

Secondary Number _____ Cell Phone Home Phone Work Phone

Has permission to pick up student: YES NO

Emergency Contact _____ **Relationship** _____

Primary Number _____ Cell Phone Home Phone Work Phone

Secondary Number _____ Cell Phone Home Phone Work Phone

Has permission to pick up student: YES NO

****PLEASE BE ADVISED THAT ONLY CONTACTS THAT ARE LISTED ON THIS PAGE AND HAVE THE "YES" CHECKED OFF FOR "ABLE TO PICK UP STUDENT" WILL BE ALLOWED TO PICK UP STUDENTS FOR EARLY DISMISSALS-NO EXCEPTIONS. YOU MUST COME UP TO THE SCHOOL TO MAKE CHANGES!***