



St. Joseph School

10 School Hill Road, Baltic, CT 06330

EMERGENCY INFORMATION

Student Last Name _____ Student First Name _____ MI _____

Student Address: _____ Home Phone: _____

Town: _____ STATE: _____ Zip Code: _____ Birth Date: _____

Name of parent(s)/guardian(s) with whom the child resides: _____

Father:

Last Name	First Name	Home Phone

Occupation	Place of Employment	Work Phone	Cell Phone

Mother:

Last Name	First Name	Home Phone

Occupation	Place of Employment	Work Phone	Cell Phone

Emergency Contacts: In the event of an emergency, parents/legal guardians will be notified first. Please list, in order of priority, those people whom the school is to contact if a parent/guardian cannot be reached.

Name	Address	Relationship	Cell#

Name	Address	Relationship	Cell#

Name	Address	Relationship	Cell#

Total number of children attending St. Joseph School: _____

Signature of parent/Legal Guardian _____ Date _____