



**CHANGE OF EMERGENCY CONTACT INFORMATION**  
**PLEASE PRINT**

**Student Last:** \_\_\_\_\_ **Student First:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Full Name 1:** \_\_\_\_\_

Please Circle: Male Female

Please Circle: Add Contact Remove Contact

Please Circle: Emergency Contact Trusted Pick Up Contact

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**Full Name 2:** \_\_\_\_\_

Please Circle: Male Female

Please Circle: Add Contact Remove Contact

Please Circle: Emergency Contact Trusted Pick Up Contact

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**My signature on this form authorizes the changes above to be entered on my students record.**

\_\_\_\_\_  
Name of Parent/Guardian (Print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date