

**VERNON TOWNSHIP HIGH SCHOOL**

**Please complete/update the following emergency information:**

**PLEASE PRINT**

**Student's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

Student's Cell Number \_\_\_\_\_

Student's E-Mail Address \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Employer \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Employer \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Complete Home Address \_\_\_\_\_

\_\_\_\_\_

Complete Mailing Address \_\_\_\_\_

\_\_\_\_\_

Birthplace (City & State) \_\_\_\_\_

Ethnicity (Please check one)

- African-American
- American Indian
- Asia

- Caucasian
- Hispanic

Step Father's Name \_\_\_\_\_

Step Father's Work Phone Number \_\_\_\_\_ Step Father's Cell Number \_\_\_\_\_

Step Father's Employer \_\_\_\_\_

Step Father's E-Mail Address \_\_\_\_\_

Step Mother's Name \_\_\_\_\_

Step Mother's Work Phone Number \_\_\_\_\_ Step Mother's Cell Number \_\_\_\_\_

Step Mother's Employer \_\_\_\_\_

Step Mother's E-Mail Address \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Guardian's Work Phone Number \_\_\_\_\_ Guardian's Cell Number \_\_\_\_\_

Guardian's Employer \_\_\_\_\_

Guardian's E-Mail Address \_\_\_\_\_

Does the non-custodial parent wish to receive all information on this student?

Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency contact's name, relationship, phone number and cell phone number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Doctor's name, address and phone number

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**