CATONSVILLE HIGH SCHOOL
STUDENT EMERGENCY INFORMATION
2009-2010

☐ Male ☐ Female

Date of Birth: _____

PLEASE PRINT EMERGENCY INFORMATION (use blue/black ink)

Grade: _____

Student Last Name First Middle

Address/Apt. # City, State, Zip Code

Home Phone Number Contact Person/Number during School Hours

Father/Legal Guardian Full Name Cell Phone/Pager/Work Number

Father/Legal Guardian Home Address/Zip Code (if different) Home Phone Number (if different)

Mother/Legal Guardian Full Name Cell Phone/Pager/Work Number

Mother/Legal Guardian Home Address/Zip Code (if different) Home Phone Number (if different)

*Parent Email Address (optional)*_____

If you are unavailable, list two persons to whom your child may be released. Please advise those listed that identification may be required. Your signature at the bottom of this form authorizes this release.

Name Contact Phone Number

Name Contact Phone Number

Parent(s)/Guardian(s) Signature(s)

PLEASE HAVE YOUR CHILD RETURN THIS FORM TO THEIR HOMEROOM TEACHER ON THE FIRST DAY OF SCHOOL. IT IS IMPORTANT THAT WE HAVE THIS INFORMATION ON FILE FROM EVERY STUDENT ENROLLED.