

**Island Park Schools**  
99 RADCLIFFE ROAD  
ISLAND PARK, NEW YORK 11558

**PARENT/GUARDIAN and EMERGENCY CONTACT INFORMATION**

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

D.O.B. \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Grade \_\_\_\_\_

**Parents:** Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Other \_\_\_\_\_

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

Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_

**Does student reside with this parent/guardian?** \_\_\_ Yes \_\_\_ No

**Does this parent/guardian receive mail?** \_\_\_ Yes \_\_\_ No

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

Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_

**Does student reside with this parent/guardian?** \_\_\_ Yes \_\_\_ No

**Does this parent/guardian receive mail?** \_\_\_ Yes \_\_\_ No

**Guardian's Name:** (If different from above) \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_

**Does student reside with this guardian?** \_\_\_ Yes \_\_\_ No

**Does this /guardian have custodial rights?** \_\_\_ Yes \_\_\_ No

If separated or divorced, are duplicate mailings required? \_\_\_ Yes \_\_\_ No

Please provide name and address for second mailing if required: \_\_\_\_\_

\_\_\_\_\_

In the event a parent/guardian cannot be reached, the persons below have authorization to pick up your child. List at least one adult, other than parents, who is 21 years old or older.

**Emergency Contact 1**

STUDENT NAME: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact 2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact 3**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact 4**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

*Add any comments about the above contacts that you feel will be helpful to us:*

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

**Physician Information**

Doctor \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

*If any of the above information must be changed, please notify the Principal or Nurse in writing.*

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date