

CLARK PUBLIC SCHOOLS
Clark, New Jersey 07066
VALLEY ROAD SCHOOL
EMERGENCY CONTACT NUMBERS

(Please complete both pages)

PLEASE PRINT:

CHILD'S NAME _____

TEACHER _____

PARENT'S DAYTIME PHONE# (First Contact) _____

(CONTACT NAME) _____

(HOME) _____

(WORK) _____

(CELL) _____

SECOND CONTACT PHONE#

(CONTACT NAME & RELATIONSHIP) _____

(PHONE#) _____

(CELL#) _____

THIRD CONTACT PHONE#

(CONTACT NAME & RELATIONSHIP) _____

(PHONE#) _____

(CELL#) _____

CARPOOL INFORMATION:

I give _____ permission to pick up my child in case of
emergency closing or for other types of emergencies. (You may list several names)

PARENT'S NAME (Please Print) _____

(Please Print)

PARENT'S SIGNATURE _____

