

Arlington Central School District – Confidential Emergency Information Summary Sheet

This form must be completed each school year. Copies from previous years are discarded.

Student Name, Last: _____ First: _____ Gender: _____ Date of Birth: _____

School: _____ Bus Route Number: _____

Homeroom Teacher: _____ Room: _____ Grade: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

(Check if unlisted)

Student lives with: _____

Mother, Step-Mother, Guardian (please circle) Name: _____

Home Phone: () _____ () Check if unlisted Cell Phone: () _____

Employer: _____ Work Number: () _____

Father, Step-Father, Guardian (please circle) Name: _____

Home Phone: () _____ () Check if unlisted Cell Phone: () _____

Employer: _____ Work Number: () _____

**IN CASE OF EMERGENCY/EARLY DISMISSAL AND PARENT/GUARDIAN IS NOT AVAILABLE,
CONTACT/RELEASE STUDENT TO:**

1. Name: _____ Relationship: _____

Home Phone: () _____ Cell Phone: () _____ Cell Phone: () _____

2. Name: _____ Relationship: _____

Home Phone: () _____ Cell Phone: () _____ Cell Phone: () _____

**IN CASE OF EMERGENCY/EARLY DISMISSAL, STUDENT SHOULD RIDE BUS RTE# _____
TO:**

Name: _____ Relationship: _____

Home Phone: () _____ Cell Phone: () _____ Cell Phone: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

SPECIAL NOTES: _____

Parent/Guardian Signature: _____ Date: _____

PLEASE REVIEW THIS INFORMATION WITH YOUR CHILD ON A REGULAR BASIS