

**\*Please fill out  
1 PER family**



## EMERGENCY CONTACTS

Last Name: \_\_\_\_\_

Students name(s):

Grade:


### Parental Information

#### Mother's Contact Information

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

If we need to contact you which do you prefer?

Voice Call     Text Message     Email

#### Father's Contact Information

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

If we need to contact you which do you prefer?

Voice Call     Text Message     Email

### Additional Emergency Contacts

Name(s)	Relationship to Student	Phone Number

\*Please email the school at [rudyardchristianschool@gmail.com](mailto:rudyardchristianschool@gmail.com) to update your emergency contacts.\*