

SCHOOL YEAR _____

DAYTIME PHONE PREFERENCE _____

SOUTHFIELD PUBLIC SCHOOLS STUDENT FAMILY EMERGENCY HEALTH INFORMATION

Please fill out all information requested. Reverse side of card must be completed and signed.

Student's Name			Birthdate		Grade:	
Last:	First:	Middle:	____/____/____ Month Day Year		SEX	Teacher (K-5)
Address:			Apt Number:	City:	Zip Code:	
Home Phone:	Home Language:	Bus Route:	No. of Years in Southfield Schools: School attended last year:			
With Whom Does Student Reside? Father <input type="checkbox"/> Mother <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Other <input type="checkbox"/> Parental Marital Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/>						
Custody Restrictions (<i>Court Order on File</i>): Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, release only to: _____						
If in Foster Care, identify: Foster Agency: _____ Caseworker: _____ Phone: _____ Address: _____						
Parent/Guardian Name(1):			Relationship to Student:			
Place of Employment:		Occupation:		Work Address:		Shift Worked:
Work Phone:		Cellular Number:		email address:		
Parent/Guardian Name (2):			Relationship to Student:			
Place of Employment:		Occupation:		Work Address:		Shift Worked:
Work Phone:		Cellular Number:		email address:		
Other Important Information:						
Nearest person school may contact in case of parent(s)/guardians cannot be reached and emergency housing is required. Please note school will only release students to person(s) listed on this card.						
Name _____		Relationship _____		Daytime Phone: _____		
Name _____		Relationship _____		Daytime Phone: _____		
Name _____		Relationship _____		Daytime Phone: _____		
Name _____		Relationship _____		Daytime Phone: _____		
Please complete all areas of the emergency card (front and back). When any information is changed or updated please notify the office immediately.						