

**Burrillville Middle School Emergency Contact Information
School Year 2018-2019**

Student's Legal Name:					
<i>(First)</i>		<i>(Middle)</i>		<i>(Last)</i>	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:		Does this student have family or friends in the military? Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Is the person on active duty? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Grade:		Team:		AM Bus:	
				PM Bus:	

FAMILY #1 (Primary Household Information: Student's primary household is where the student sleeps on a nightly (or majority) basis)					
Student's Address (Number/Street)		(Apt #)	(City)	(State)	(Zip)
Household Mailing Address (if PO Box # is used)		(City)	(State)	(Zip)	
Household Phone Number (including area code):					

Custodial Parent/Guardian #1:		Relationship to Student:	
Work Phone # (including area code)		Cell Phone # (including area code)	
Email address:			
Signature: _____			
Does this parent/guardian have full legal rights? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", Supportive Legal Documentation Must Be Provided		Is there a No Contact Order or other Legal Order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Supportive Legal Documentation Must Be Provided	

Custodial Parent/Guardian #2:		Relationship to Student:	
Work Phone # (including area code)		Cell Phone # (including area code)	
Email address:			
Signature: _____			
Does this parent/guardian have full legal rights? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", Supportive Legal Documentation Must Be Provided		Is there a No Contact Order or other Legal Order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Supportive Legal Documentation Must Be Provided	

*****PLEASE COMPLETE BACKSIDE OF THIS FORM*****

FAMILY #2 (Secondary Household Information: Student's secondary household is where the student sleeps on a part-time basis) Leave blank if this does not apply to your family situation				
Parent/Guardian:		Relationship to Student:		
Address (Number/Street)	(Apt #)	(City)	(State)	(Zip)
Household Phone Number (including area code):				
Work Phone # (including area code)		Cell Phone # (including area code)		E-Mail Address:
Signature:				
Does this parent/guardian have full legal rights? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", Supportive Legal Documentation Must Be Provided		Is there a No Contact Order or other Legal Order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Supportive Legal Documentation Must Be Provided		

*Emergency Contact Information: (Please list three family members or friends who could assume temporary care of your child in the event you cannot be reached)			
Emergency Contact #1			
(Name)	(Home Phone)	(Cell Phone)	(Relationship to Student)
Emergency Contact #2			
(Name)	(Home Phone)	(Cell Phone)	(Relationship to Student)
Emergency Contact #3			
(Name)	Home Phone)	(Cell Phone)	(Relationship to Student)

***Please note: Per RI State Law, only persons listed as emergency contacts by parents/guardians will be allowed to dismiss students from school.**