



**EDWARDS-KNOX CENTRAL SCHOOL
ENROLLMENT OFFICE**

2512 County Route 24
Hermon, NY 13652

Phone: (315) 562-8130
Fax: (315) 562-2477 (Pre-K-6)
Fax: (315) 562-8137 (7-12)

FOR OFFICE USE ONLY:
Student ID#: _____
Grade: _____
Teacher/Homeroom: _____

EMERGENCY INFORMATION SHEET – 20__-20__

Student Last Name: _____ **First Name:** _____ **Middle:** _____

Gender: M F Date of Birth: _____ Bus #/Driver: _____

Resident 911 Address: _____

Resident Mailing Address: _____

Language Spoken at Home: English Other (specify): _____

Is there a current custody arrangement? Yes No *If yes, paperwork must be provided. If changes occur at ANY time during the school year, updated documentation is required.*

Father: _____ Legal Guardian: Yes No Receives Mail: Yes No
Lives in household: Yes No If no, address: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____

Mother: _____ Legal Guardian: Yes No Receives Mail: Yes No
Lives in household: Yes No If no, address: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____

Other Legal Guardian IF NOT FATHER/MOTHER: _____
Relationship: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____

Sibling(s) living in same household:
Name: _____ Grade: _____ Name: _____ Grade: _____
Name: _____ Grade: _____ Name: _____ Grade: _____

Emergency Contact Information (people to contact if parent not available AND to whom we may release your child to):
Name: _____ Relationship to Student: _____ Phone No: _____
Name: _____ Relationship to Student: _____ Phone No: _____
Name: _____ Relationship to Student: _____ Phone No: _____
Name: _____ Relationship to Student: _____ Phone No: _____

If there is an **early dismissal**, child should be sent to: _____
Address: _____

Medication and/or special medical needs to share with staff: _____

Permission to (please check): Provide Treatment Call Ambulance Call Doctor

Parent/Guardian Signature: _____ **Date:** _____