

All Saints Catholic Academy

10 Rosemont St., Albany, NY 12203

Emergency Contact Information

2013-2014

Student: Last _____ First _____ Grade _____

Parents/Guardians: _____

Current Address: Street _____ Apt _____

City _____ State _____ Zip _____

Mother/Guardian

Father/Guardian

Daytime Phone (____) _____ - _____

(____) _____ - _____

Home Phone (____) _____ - _____

(____) _____ - _____

Cell Phone (____) _____ - _____

(____) _____ - _____

Sibling's: Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

Main E-mail address: _____

(E-mail addresses, daytime #'s, cell #'s, etc. are all acceptable for the automated emergency contact system. This system will call multiple phone numbers /E-mails simultaneously)

Child currently lives with _____ Relationship _____

____ There is a legal custody arrangement ____ There is NOT a legal custody arrangement

(Please attach a certified copy of the court decision bearing the case number and those sections referring to visitation rights and contacts with the school. Also, include the page bearing the judge's signature and court seal. This copy should include any and all modifications made as of date of registration of the child in this school. It is also the responsibility of the parents to inform the Principal of any subsequent modifications during the child's tenure at the school.)

Does the non-residential parent have visitation rights? _____

Is there a court decision that states that non-residential parent should not receive information or attend school activities? _____

Is the non-residential parent responsible for paying tuition? _____

Non-Residential Parent: _____

Current Address: _____

Current Phone # _____

Emergency Alternate Contacts Information

In the event a Parent/Guardian **CANNOT** be reached, complete the information below for individuals that have permission to be contacted and/or pick-up your child.

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Permission for Pick Up

In the event that I cannot pick up my child, I will notify the school, prior to dismissal, the individual that will be picking-up my child(ren). **Photo ID will be required.**

