



**2021-2022  
EMERGENCY CONTACT INFORMATION**

Student Name \_\_\_\_\_  
(Please Print) Last First

Address \_\_\_\_\_  
Street City Zip Code

Mother: \_\_\_\_\_ Home Tel. \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Work Tel. \_\_\_\_\_

Best Method of Contact: \_\_\_\_\_

Father: \_\_\_\_\_ Home Tel. \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Work Tel. \_\_\_\_\_

Best Method of Contact: \_\_\_\_\_

List two emergency contacts who will assume temporary care of your child if you cannot be reached.

1. Name: \_\_\_\_\_ Tel. \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name: \_\_\_\_\_ Tel. \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

**\* Please contact Windsor Bergen Academy with any information regarding changes to contact information.**