

SEDES SAPIENTIAE SCHOOL

CLASSICAL CATHOLIC EDUCATION

EMERGENCY CONTACT INFORMATION AND OFFICIAL PARENT SIGNATURE FORM 2017-2018 Academic Year

NAME OF STUDENT: _____ GRADE: _____

Home Phone #: _____ Student's Cell: _____

PRIMARY EMERGENCY CONTACTS:

Father's Name: _____ Father's Email: _____

Father's Work #: _____ Father's Cell: _____

Mother's Name: _____ Mother's Email: _____

Mothers Work #: _____ Mother's Cell: _____

OTHER EMERGENCY CONTACTS:

NAME: _____ PHONE #: _____ RELATIONSHIP: _____

NAME: _____ PHONE #: _____ RELATIONSHIP: _____

NAME: _____ PHONE #: _____ RELATIONSHIP: _____

Please sign below as you would on any NOTES sent to the office. These will be your signatures-on-file:

SIGNATURE OF PARENT/GUARDIAN RELATION TO STUDENT

SIGNATURE OF PARENT/GUARDIAN RELATION TO STUDENT

DATE: _____

Please return to the Headmaster at Sedes Sapientiae School.