

# SEDES SAPIENTIAE SCHOOL

CLASSICAL CATHOLIC EDUCATION

## EMERGENCY CONTACT INFORMATION AND OFFICIAL PARENT SIGNATURE FORM 2018-2019 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.**