

## STUDENTEMERGENCYFORM

Dear Parent(s)/Guardian,		
Please complete the emergency form for	the 2016/17 School Year. Th	
( lubo o luy lu B   m Bv lu lux		Please make sure to
indicate relationship to the child. This fo	rm, when returned, will be followed to the	ne fullest. Please make sure that all
listed have a valid picture ID card.*		
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Name: Grade:	Kelationship:	School:
Name: Grade: Name: Grade:	KEIBUUTSHIP:	School:
marrie Grade:	Relationship	Scriour
Do you have alo CONTAO Tider against any peon(s) in regards to your child? Yes No		
If you marked YESplease list the person(s) name(s):		
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The person(s) listed below are alleed to pick up your child. They MUST have a valid picture ID.		
App MOTMOTIMA		
1	Relationship:	
	Relationship:	
	Relationship:	Phone #:
	Relationship:	
5	Relationship:	Phone #:
Parent/Guardian Signature		Date