



DISTRICT EMERGENCY CONTACT FORM



SCHOOL: _____ **SCHOOL YEAR:** _____

STUDENT INFORMATION

First Name:		Last Name:		Date of Birth: / /	
Grade:	Homeroom Teacher:		Homeroom Classroom Number:		
Home Address Street:			City:	ZIP:	
Student Cell Phone Number: ()			Student Email:		
Who does the student live with? Select all that apply:					
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other _____					

EMERGENCY CONTACTS INFORMATION

PRIMARY CONTACT

First Name:		Last Name:		Cell Phone: ()		Home Phone: ()	
Employer:		Work Phone: ()		Email:			
Relation to student:							
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent							
<input type="checkbox"/> Step Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____							

SECONDARY CONTACT

First Name:		Last Name:		Cell Phone: ()		Home Phone: ()	
Employer:		Work Phone: ()		Email:			
Relation to student:							
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent							
<input type="checkbox"/> Step Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____							

ADDITIONAL CONTACT

First Name:		Last Name:		Cell Phone: ()		Home Phone: ()	
Employer:		Work Phone: ()		Email:			
Relation to student:							
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent							
<input type="checkbox"/> Step Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____							

EMERGENCY CONTACTS INFORMATION - CONTINUED

ADDITIONAL CONTACT

First Name:	Last Name:	Cell Phone: ()	Home Phone: ()
Employer:	Work Phone: ()	Email:	
Relation to student:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Grandparent
	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Foster Parent
	<input type="checkbox"/> Other _____		

ADDITIONAL CONTACT

First Name:	Last Name:	Cell Phone: ()	Home Phone: ()
Employer:	Work Phone: ()	Email:	
Relation to student:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Grandparent
	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Foster Parent
	<input type="checkbox"/> Other _____		

SIBLINGS IN STUDENT'S HOME

Please list all siblings in student's home (include non-school age children)

Name:	Grade:	Date of Birth: / /
Name:	Grade:	Date of Birth: / /
Name:	Grade:	Date of Birth: / /
Name:	Grade:	Date of Birth: / /

ADDITIONAL INFORMATION

Is there any additional information that would be helpful for us to know?

DAYCARE/AFTER SCHOOL CARE

Does student participate in daycare or after school care?

- No
- Yes, complete below:

Name of Site: _____

Address: _____

Phone Number: () _____



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