

Keystone Montessori School Emergency Information form

STUDENT INFORMATION (PLEASE PRINT)

Student Last Name	Student First Name	Student Middle Name	Date of Birth	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
School			Grade Level	
Home Phone Number _____				
Address	Apt	City	State	Zip Code
Geo Code (School Only)				

PARENT/GUARDIAN #1

Guardian Last Name	Guardian First Name	Guardian Middle Name	Is Guardian former FCPS student? <input type="checkbox"/> Yes	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Other: _____			Guardian lives with student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cell Phone	Other Phone	Work Phone	Guardian Email Address	
Mailing Address (If student not living with guardian)		Apt	City	State
				Zip Code

PARENT/GUARDIAN #2

Guardian Last Name	Guardian First Name	Guardian Middle Name	Is Guardian former FCPS student? <input type="checkbox"/> Yes	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Other: _____			Guardian lives with student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Should this Guardian receive mailing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Have rights to online student info? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cell Phone	Other Phone	Work Phone	Guardian Email Address	
Mailing Address (If student not living with guardian)		Apt	City	State
				Zip Code

EMERGENCY CONTACTS - OTHER THAN GUARDIAN

Primary Contact Last Name	First Name	Middle Name	Sex Female Male	Relationship to Student
Home Phone	Cell Phone	Work Phone	Home Address	
Secondary Contact Last Name	First Name	Middle Name	Sex <input type="checkbox"/> Female Male	Relationship to Student
Home Phone	Cell Phone	Work Phone	Home Address	
Third Contact Last Name	First Name	Middle Name	Sex <input type="checkbox"/> Female Male	Relationship to Student
Home Phone	Cell Phone	Work Phone	Home Address	

***IF YOU HAVE ADDITIONAL STUDENTS ATTENDING KEYSTONE MONTESSORI WITH SAME GUARDIANS, ADDRESS AND EMERGENCY CONTACTS PLEASE COMPLETE OTHER SIDE.**

I certify the above information is correct and understand that I must contact the school with any changes.

Signature _____

Date _____