



SIERRA
EXPEDITIONARY
LEARNING SCHOOL

Emergency Card Annual Update

TO BE COMPLETED BY THE PARENT OR GUARDIAN

Grade: _____

Student's Legal Name: _____ Date of Birth: _____
(From Birth Certificate) Last Name First Name Middle Name Month/Day/Year

Permanent ID:

PRIMARY PARENT(S) OR GUARDIAN(S) WITH WHOM STUDENT RESIDES:

Check One: Father Step-Father Mother Step-Mother Guardian

Name: _____ Home Phone: _____
First Last

Physical Address: _____
Street Address City State Zip Code County

Mailing Address: _____
Street Address City State Zip Code

Work Phone: _____ Cell Phone: _____
Area Code and Number Area Code and Number

Employer: _____ Email Address: _____

Check One: Father Step-Father Mother Step-Mother Guardian

Name: _____ Home Phone: _____
First Last

Physical Address: _____
Street Address City State Zip Code County

Mailing Address: _____
Street Address City State Zip Code

Work Phone: _____ Cell Phone: _____
Area Code and Number Area Code and Number

Employer: _____ Email Address: _____

First Name:

Will student be using the bus service? AM Yes No PM Yes No Bus Stop: _____

OTHER CHILDREN IN THE FAMILY:

First and Last Name	Date of Birth	Lives at Home		School Attending/Grade (N/A if graduated or not attending school)
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

OTHER PARENT OR LEGAL GUARDIAN INFORMATION not listed above, if applicable.

Is there a restraining order or custody court order regarding this student? Yes No Duplicate Mailing: Divorced/separated and joint custody allows duplicate mailing/information to be given to the other parent Yes No

Name: _____ Home Phone: _____

Home Address: _____

Work Phone: _____ Cell Phone: _____

Other Phone: _____ Email Address: _____

Student Last Name:

EMERGENCY CONTACTS

List two **local** contacts to whom the student may be released in the case of illness or other emergency if unable to notify parent.

Name: _____ Name: _____

Phone: _____ Phone: _____
Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday Best number between 7:00 a.m. and 5:00 p.m., Monday-Friday

Cell Phone: _____ Cell Phone: _____

Relationship: _____ Relationship: _____