

# INNOVATION ACADEMY CHARTER SCHOOL

## 2009-10 EMERGENCY INFORMATION

This form must be returned before your child starts the new school year. **PLEASE PRINT ALL INFORMATION.** This information is required of the parents/guardians of all enrolled students at the beginning of each school year. It is necessary so that your child can receive prompt attention in the event of serious injury or illness and will be kept confidential.

**STUDENT INFO.**      **Grade in September 2009:**     5     6     7     8     9     10     11

Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Address: \_\_\_\_\_  
(street address) (apt. no.)

\_\_\_\_\_, MA \_\_\_\_\_  
(city/town) (zip code)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mo) (day) (yr)

Telephone: \_\_\_\_\_  
(include area code)

**Primary Language Spoken at Home:**     English     Other (identify): \_\_\_\_\_

I \_\_\_\_\_ (name) \_\_\_\_\_ (relationship to child) should be the first person contacted in case of an emergency. Please use the following ways to contact me in this order:

1. \_\_\_\_\_, this is my:

2. \_\_\_\_\_, this is my:

3. \_\_\_\_\_, this is my:

\*Your company's main number (in case we cannot reach you at your direct line): \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Location (town): \_\_\_\_\_

Work Days/Hours: \_\_\_\_\_

I \_\_\_\_\_ (name) \_\_\_\_\_ (relationship to child) should be the 2<sup>nd</sup> person contacted if person #1 can not be reached in case of an emergency. Please use the following ways to contact me in this order:

1. \_\_\_\_\_, this is my:

2. \_\_\_\_\_, this is my:

3. \_\_\_\_\_, this is my:

**MOTHER/LEGAL GUARDIAN** Name: \_\_\_\_\_ home phone number \_\_\_\_\_

**LEGAL ADDRESS:** \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_ WORK PHONE NUMBER: \_\_\_\_\_

**FATHER/LEGAL GUARDIAN** Name: \_\_\_\_\_ home phone number \_\_\_\_\_

**LEGAL ADDRESS:** \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_ WORK PHONE NUMBER: \_\_\_\_\_

*(MAY WRITE SAME FOR EITHER IF ALREADY LISTED ABOVE)*

**I GIVE PERMISSION FOR THE FOLLOWING PEOPLE TO RELEASE MY CHILD FROM THE SCHOOL:**

NAME \_\_\_\_\_ PHONE# \_\_\_\_\_ & NAME \_\_\_\_\_ PHONE# \_\_\_\_\_ /

**IACS WILL OFTEN COMMUNICATE NON EMERGENCY INFORMATION THROUGH EMAILS. PLEASE PROVIDE AN ACTIVE EMAIL ADDRESS FOR ONE OR MORE PARENT/GUARDIANS. PLEASE PROVIDE RELATIONSHIP TO CHILD NEXT TO EMAIL ADDRESS.**

\_\_\_\_\_ @ \_\_\_\_\_

PLEASE CONTACT ME FOR MORNING WORK COMPLETION CENTER CONFIRMATION USING THE 1<sup>ST</sup> LISTED EMAIL ADDRESS ABOVE  OR AT THIS PHONE # \_\_\_\_\_

