

**EDWARDS-KNOX CENTRAL SCHOOL
MIDDLE / HIGH SCHOOL STUDENT EMERGENCY INFORMATION FOR 2009-2010**

Student Last Name _____ First Name _____ Middle ____
Mailing Address _____ (Town) _____ NY (Zip Code) _____
911 Address (if different) _____
E-mail Address _____

The following questions are intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determines the services this student may be eligible to receive.

Is this address temporary? ___Yes ___No. **If yes**, is it due to loss of housing or economic hardship? ___ Yes ___ No
If yes, is it a ___Motel ___Shelter, ___with one or more family moving from place to place
___a place not an ordinary sleeping accommodations such as a car, park or campsite.

Telephone No. _____ Cell Phone No. _____ Social Security No. _____

Date of Birth _____ Place of Birth _____ Country _____

Sex ___ M / F ___ Race Ethnicity (circle one) - White/Caucasian, American Indian, Asian, Black/African American,
Hispanic/Latino, Native Hawaiian/Pacific Islander

Primary Language Spoken at Home _____

Mother's Name _____ Father's Name _____

Resides with (please circle) - Mother / Father / Both / Other _____

Other Phone Numbers - _____

Mother's Work _____ Father's Work _____ Cell Phone(s) _____

Remarks - _____

Brothers / Sisters in School -

Name _____	Grade _____
_____	Grade _____
_____	Grade _____

Emergency Contact Information -

Person(s) to be contacted _____ Phone No. _____

(Other than Parent/Guardian) _____ Phone No. _____

_____ Phone No. _____

Person(s) to whom we are authorized to release the student from school -

Name _____ Phone _____

_____ Phone _____

Special Medical Needs / Conditions to share with staff - _____

Permission to (please check) - Provide Treatment _____ Call Ambulance _____ Call Doctor _____

____ I **DO NOT** give permission for my son's / daughter's photograph to be used as part of the Edwards-Knox community awareness process. (By not checking this, you are therefore granting permission to use a photo for newspaper, television, student ID cards, etc.)

PLEASE COMPLETE ABOVE, SIGN, DATE AND RETURN TO THE HIGH SCHOOL OFFICE

Parent/Guardian Signature _____ Date _____