

LAFAYETTE TOWNSHIP SCHOOL DISTRICT
178 Beaver Run Road
Lafayette, NJ 07848
Phone: (973) 875-3344 Fax: (973) 875-3066

STUDENT EMERGENCY CONTACT & HEALTH INFORMATION

Student's Name: _____ Male/Female: _____ Date of Birth: _____
Grade: _____ Homeroom: _____ City of Birth: _____

Home Address: _____
Address City State Zip

Mailing Address: _____
Address City State Zip

Mother's Name: _____ Resides With Student? Yes _____ No _____
Address: _____

Mother's Home Phone: _____

Mother's Employer: _____ Daytime Phone: _____

Mother's Cell Phone: _____ Mother's Email: _____

Father's Name: _____ Resides With Student? Yes _____ No _____
Address: _____

Father's Home Phone: _____

Father's Employer: _____ Daytime Phone: _____

Father's Cell Phone: _____ Father's Email: _____

Guardian's Name & Relationship: _____ Resides With Student? Yes _____ No _____
Address: _____

Guardian's Home Phone: _____

Guardian's Employer: _____ Daytime Phone: _____

Guardian's Cell Phone: _____ Guardian's Email: _____

List a maximum of 5 persons who you authorize to pick up your child at any time from school.
A note from you is required for all persons whose names do NOT appear on this list.

Contact 1

Name: _____ Relationship: _____

Home Phone: _____

Daytime Phone: _____ Cell Phone: _____

Contact 2

Name: _____ Relationship: _____

Home Phone: _____

Daytime Phone: _____ Cell Phone: _____

Contact 3

Name: _____ Relationship: _____

Home Phone: _____

Daytime Phone: _____ Cell Phone: _____

Contact 4

Name: _____ Relationship: _____

Home Phone: _____

Daytime Phone: _____ Cell Phone: _____

Contact 5

Name: _____ Relationship: _____

Home Phone: _____

Daytime Phone: _____ Cell Phone: _____