

St. Augustine School

Emergency Contact Information Sheet 2018-2019

This replaces & updates all prior information submitted
Must be updated annually and submitted by 6/1/18

Family Name _____ Public School District _____

Student Name _____ Grade in Sept _____

Student Name _____ Grade in Sept _____

Student Name _____ Grade in Sept _____

Parents/Guardian Names _____

Street Address _____

City/Town _____ State NY Zip _____

Family e-mail Address _____

(also for IRIS Alerts) _____

Parent/Guardian Signature _____ Date _____

Home Phone _____ This is the **primary** number the IRIS automated phone system will call for delays, school cancellations, reminders and general announcements.

Doctor _____ Doctor's Phone Number _____

Phone numbers and priority sequence to call for emergency purposes:

1 st Call	Name	Relationship	Usual Method of Dismissal
2 nd Call	Name	Relationship	
3 rd Call	Name	Relationship	
4th Call	Name	Relationship	

_____ Bus (#)

_____ Pick Up

Special notes:

IRIS _____

Cornerstone/TADS _____