

St. Augustine School

Emergency Contact Information Sheet 2020-2021

This replaces & updates all prior information submitted

Please return to School Office ASAP!!

You may print, fill in and mail, or use the online fillable form and email it back to
Leone Stangle at lstangle@staugustineschool.org

Family Name _____

Public School District _____

Student Name _____

Grade in Sept _____

Student Name _____

Grade in Sept _____

Student Name _____

Grade in Sept _____

Student Name _____

Grade in Sept _____

Parent/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's Name _____ Doctor's Phone Number _____

Phone Numbers and Priority Sequence to call for emergency purposes:

1st Phone	Name	Relationship (ie-Mother)
2nd Phone	Name	Relationship
3rd Phone	Name	Relationship
4th Phone	Name	Relationship

Usual Method of Dismissal

_____ Bus (# _____)

_____ Pick Up

_____ Other/Office _____

Office Use Only IRIS _____

Cornerstone/TADS _____