

Fannett-Metal School District

14823 Path Valley Road
Willow Hill, PA 17271

Emergency Contact Information

Student Name: _____ **Grade & Teacher:** _____ **Gender:** _____ **DOB:** _____

Physical Address: _____

City: _____ **State:** _____ **Zip:** _____

Mailing Address (If Different): _____

City: _____ **State:** _____ **Zip:** _____

Student lives with: _____ Both parents _____ Father/Step-Father _____ Mother/Step-Mother _____ Guardian

Please circle one:

Father/Step-Father/Guardian/Other **Name:** _____

Place of Employment: _____ **Phone # of Place of Employment** _____

Please circle one:

Mother/Step-Mother/Guardian/Other **Name:** _____

Place of Employment: _____ **Phone # of Place of Employment** _____

Primary Phone #: _____ **(Receive Text - Y or N)** **Name:** _____ **Relation:** _____

Secondary Phone #: _____ **(Receive Text - Y or N)** **Name:** _____ **Relation:** _____

Emergency Phone #: _____ **(Receive Text - Y or N)** **Name:** _____ **Relation:** _____

Email Address: _____

Other Children in same household:

Name	Gender	Date of Birth	Grade

Bus #: _____

See Reverse Side

~~Please place asterisk (*) by new information.~~