

Renaissance Academy Charter School of the Arts

EMERGENCY INFORMATION FORM  
2015-2016

It is very important that we keep our files up to date with the correct emergency information for all students. All information on this form is kept confidential.

PLEASE PRINT ALL INFORMATION CLEARLY

Name of Student: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
(If same as student, please leave blank)  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Are there any other children attending Renaissance Academy Charter School of the Arts  
(First and Last name)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*ALTERNATE PICK-UP INFORMATION PLEASE PRINT \*\*\*\*

Note: The persons listed below are responsible for picking up my child in case of an emergency and/or transportation to/ from school

First Contact Name	Relationship to Student	Home Phone	Cell Phone

In the event the student has a medical emergency and the Parent/Guardian of designated persons cannot be reached, school authorities will carry out their responsibility to ensure that the student receives medical assistance.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_