## *Arlington Central School District* – Confidential Emergency Information Summary Sheet This form must be completed each school year. Copies from previous years are discarded.

Student Name, Last:	First:	Ge	nder:	Date of Birth:
School:		Bus Route N	umber:	
Homeroom Teacher:	Re	oom:		Grade:
Home Address:				
City:	State:	Zip	Code:	
Mailing Address (if different from above):				
City:	State:	Zip	Code:	
(Check if unlisted )				
Student lives with:				
Mother, Step-Mother, Guardian (please circle)	Name:			
Home Phone: ( )	( ) Check if unlisted	d Cell Phone: (	)	
Employer:		Work Number: (	)	
Father, Step-Father, Guardian (please circle)	Name:			
Home Phone: ( )	( ) Check if unlisted	d Cell Phone: ( )		
Home Home. ()		/	)	
Employer:				
Employer:  IN CASE OF EMERGENCY/EARLY DISCONTACE/RELEASE STUDENT TO:	SMISSAL AND PAR	NET/GUARDIA	N IS NOT	AVAILABLE,
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PLEASE REVIEW THIS INFORMATION WITH YOUR CHILD ON A REGULAR BASIS