

***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: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Bus Route Number: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_ Room: \_\_\_\_\_ 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 Cell Phone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: ( ) \_\_\_\_\_

Father, Step-Father, Guardian (please circle) Name: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ ( ) Check if unlisted Cell Phone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: ( ) \_\_\_\_\_

**IN CASE OF EMERGENCY/EARLY DISMISSAL AND PARNET/GUARDIAN IS NOT AVAILABLE,  
CONTACE/RELEASE STUDENT TO:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

**IN CASE OF EMERGENCY/EARLY DISMISSAL, STUDENT SHOULD RIDE BUS RTE# \_\_\_\_\_  
TO:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**SPECIAL NOTES:** \_\_\_\_\_

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

**PLEASE REVIEW THIS INFORMATION WITH YOUR CHILD ON A REGULAR BASIS**