

# New Heights Academy Emergency Contact Form

Student's Name	
Address	
City, State, Zip	
County	

Parent Name	Home Number	Cell Number	Work Number
1.			
2.			

The following people are authorized to pick up my child in the event of an emergency if I cannot be contacted. I understand it is my responsibility to keep this information current with New Heights Academy.

Name:	
Address:	
Phone Number(s)	
Relation to Child	
Name:	
Address:	
Phone Number(s)	
Relation to Child	

Parent Signature:	Date: MM/DD/YYYY
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