

# SEDES SAPIENTIAE SCHOOL

CLASSICAL CATHOLIC EDUCATION

## EMERGENCY CONTACT INFORMATION AND OFFICIAL PARENT SIGNATURE FORM 2019-2020 Academic Year

NAME OF STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Student's Cell: \_\_\_\_\_

### PRIMARY EMERGENCY CONTACTS:

Father's Name: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Father's Work #: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Mothers Work #: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS:

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Please sign below as you would on any NOTES sent to the office. These will be your signatures-on-file:

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN RELATION TO STUDENT

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN RELATION TO STUDENT

DATE: \_\_\_\_\_

Please return to the Headmaster at Sedes Sapientiae School.

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www.sedessapientiaeschool.org • 973-828-5110