

**Beatrice Public Schools**  
**Registration Form — Student Emergency Information**  
**Page 2 of 5**

Students Name: \_\_\_\_\_

Teacher/Counselor \_\_\_\_\_  
Room \_\_\_\_\_

**Student Lives With:** Please check one box

Both Parents  Mother Only  Father Only  Mother/Stepfather  Father/Stepmother

Foster Parents  Relatives  \_\_\_\_\_ Other

Note: When a student does not reside with both parents, additional information must be on file so that the school can determine who is responsible for the student. If there are applicable legal documents, such as custody papers, a copy should be provided to the school. Where the arrangement is less formal, the school will provide the necessary form(s) for the parent/guardian to complete.

**Parent/Guardian Emergency Contact Information**

Emergency Contact # 1  2  3  4  (check only one)

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Legal Guardian  
Yes  No

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

Household Telephone: \_\_\_\_\_ Unlisted Yes  No  Employer: \_\_\_\_\_ Hours Worked: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Emergency Contact # 1  2  3  4  (check only one)

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Legal Guardian  
Yes  No

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

Household Telephone: \_\_\_\_\_ Unlisted Yes  No  Employer: \_\_\_\_\_ Hours Worked: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Parents Not Living with the Student**

Emergency Contact # 1  2  3  4  (check only one)

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Legal Guardian  
Yes  No

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

Household Telephone: \_\_\_\_\_ Unlisted Yes  No  Employer: \_\_\_\_\_ Hours Worked: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Emergency Contact # 1  2  3  4  (check only one)

\_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Legal Guardian Name:  
Yes  No

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

Household Telephone: \_\_\_\_\_ Unlisted Yes  No  Employer: \_\_\_\_\_ Hours Worked: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_