

Beatrice Public Schools
Registration Form — Student Emergency Information
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Students Name: _____

Teacher/Counselor _____
Room _____

Other Emergency Contact Information (If you have a Day Care Provider Please list as one of the Contacts)

Emergency Contact # 1 2 3 4 5 6 (check only one)

Name: _____ Relationship to Student: _____
Household Telephone: _____ Work Telephone: _____ Cell Telephone: _____

Additional Information: _____

Emergency Contact If 1 2 3 4 5 6 (check only one)

Name: _____ Relationship to Student: _____
Household Telephone: _____ Work Telephone: _____ Cell Telephone: _____

Additional Information: _____

Emergency Contact # 1 2 3 4 5 6 (check only one)

Name: _____ Relationship to Student: _____
Household Telephone: _____ Work Telephone: _____ Cell Telephone: _____

Additional Information: _____

Emergency Contact # 1 2 3 4 5 6 (check only one)

Name: _____ Relationship to Student: _____
Household Telephone: _____ Work Telephone: _____ Cell Telephone: _____

Additional Information: _____

Parent Signature: _____ Date: _____