



YONKERS
PUBLIC SCHOOLS

Pupil Support Services

Please give the information requested.
It will enable us to protect the safety of your child in case of an emergency.

School Year

School

Grade

Room

Student's Name

Last

First

Birthdate

Address

Street

City/State

Zip Code

Apt. No.

Home Telephone No.

E-Mail Address

Mother's Name

Father's Name

Place of Employment

Place of Employment

Work Telephone No.

Work Telephone No.

Cell Telephone No.

Cell Telephone No.

Emergency Contacts: List two names and telephone numbers of relatives or neighbors who you authorize to care for your child in an emergency, if you cannot be reached.

Name of relative/neighbor

Telephone No.

Cell Telephone No.

Name of relative/neighbor

Telephone No.

Cell Telephone No.

Name of Doctor

Telephone No.

Signature of Parent/Guardian



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