

Nevada Joint Union High School District
REQUIRED EMERGENCY INFORMATION

Student ID: _____

School Year: **2017/2018**

Name _____ Grade _____ Sex _____ Birthdate _____

Mailing Address _____ Home Phone _____

City _____ State _____ Zip _____

Residence Address _____

City _____ State _____ Zip _____

With whom does the student live?

Mother **Stepmother**

Last Name _____ First Name _____ Email _____

Home Phone _____ Work Phone _____ Cell _____

Father **Stepfather**

Last Name _____ First Name _____ Email _____

Home Phone _____ Work Phone _____ Cell _____

Guardian – relationship _____

Last Name _____ First Name _____ Email _____

Home Phone _____ Work Phone _____ Cell _____

Non-Resident Guardian: Other legal guardian's address if student is not living with him/her:

Relationship to student _____

Last Name _____ First Name _____ Phone _____

Mailing Address _____ City/State _____ Zip _____

If you cannot be reached in case of illness/injury, give the name of persons who will assume temporary responsibility for your student (someone in this area). Must be at least 18 years old.

Name	Relationship to student	Home Phone	Work/Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____

Has any of the above information changed since the last school year? **Yes** **No**

PLEASE NOTIFY THE REGISTRAR FOR ANY CONTACT/ADDRESS CHANGES DURING THE SCHOOL YEAR

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Health Plan/Insurance _____ Group/Policy# _____

Please complete both sides