25-2290.00.3 (4000 Pkgs)

New York City Department of Education

Student: Last Name Parent/Guardian (Student resides	with):	First	MI	DOB	SexID#
Parent/Guardian (Student resides Parent's Preferred Language of Co	mmunication:	W	ritten		Oral
Home Telephone ()	Work Tel ()	 Ce	all No. ()	F ₋ mail	_ 0141
Address	_ ****** /)() <u></u>	Ant	Borough ZIP
Other Parent/Guardian:				Αρι.	Polationship
Parent's Professed Language of Co	mmunication:	1/1/	ritton		Oral
Parent's Preferred Language of Co	Mork Tol ()	vv		E mail	_ Olai
Home Telephone ()	_ vvoik i ei. ()		ii NO. ()		Dorough 7ID
Address				Apı	BorougriZIP
List below names of three (3) personal CHILD WILL BE RELEASED ONLINAME.	Y TO PERSON	NAMED ON T Telephone	HIS CARD.	Relation	nship
Name		Telephone ()		Relationship	
Name		I elephone	()	Relation	iship
If there is a person who may NOT Name	Relat	ionship			
Principal will be notified in writing	ng of any chang	es to informa	tion on this c	ard	
				_	re of Parent/Guardian
IMPORTANT- PLEASE COMPLET	TE REVERSE SI	DE OF THIS O	CARD > > >	>>>>>>	· > > > > > > > > > > > > > > > > > > >
Grade Class	_ Room No <u>.</u>	T	eacher		
25-2290.00.3 (4000 Pkgs)				New York City Department of Education	
	.	,		991	
EMERGENCY CONTACT CARD (·			OOL YEAR 20TO 20
Student: Last Name					SexID#
Parent/Guardian (Student resides					_Relationship
Parent's Preferred Language of Co	mmunication:	W	ritten		
Home Telephone ()	_ Work Tel. ()	Ce	ell No. ()	E-mail _	
Address				Apt	Borough ZIP
Other Parent/Guardian:					_ Relationship
Parent's Preferred Language of Co	mmunication:	W	ritten		Oral
Home Telephone ()	_ Work Tel. ()	Ce	ell No. ()	E-mail _	
Address					Borough ZIP
List below names of three (3) person CHILD WILL BE RELEASED ONL Name	ons who may be Y TO PERSON	called in case NAMED ON T	of emergency	or if child is sick in	school.
			Relationship Relationship		
			Relationship		
INAITIE		i elepriorie	()	Relation	19111h
If there is a person who may NOT Name	HAVE ACCESS Relat	to child, please	e indicate:	Order of Protect	on Exists? Yes No
Principal will be notified in writing	ng of any chang	es to informa	tion on this c		
					re of Parent/Guardian
IMPORTANT- PLEASE COMPLET	TE REVERSE SI	DE OF THIS O	CARD > > >	>>>>>>>	· > > > > > > > >