



# Granite State Academy

a public chartered high school

## EMERGENCY CONTACT FORM

Student's Full Name \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B: \_\_\_\_\_

Guardian 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Guardian 2: \_\_\_\_\_ Contact info: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Student resides with: \_\_\_\_\_ Custody arrangements: \_\_\_\_\_

**Please list your contacts in the order for which you want them called. We will always call the parent/guardians above first so there is no need to relist your contact information below.**

First Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to student \_\_\_\_\_

Second Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to student \_\_\_\_\_

Third Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to student \_\_\_\_\_