

# Request For Emergency Information

2020-2021 School Year



Alain Locke Charter School

PLEASE PRINT AND FILL FORM OUT COMPLETELY and MAIL, FAX or EMAIL TO MS. PORTER: [jporter@alainlocke.org](mailto:jporter@alainlocke.org)

The school must have on file information that can be used to contact you. If there is a change during the school year, please notify the school in writing, immediately.

Student's Last Name \_\_\_\_\_  
Student's First Name \_\_\_\_\_  
Grade \_\_\_\_\_ Room \_\_\_\_\_

### CONFIDENTIAL INFORMATION BOX 1

Complete this box only if (1) reflects our child's current living situation or (2) your living situation if you are a youth not living with a parent or guardian.

Check if you are living:

- In a shelter     With relatives or others due to lack of housing     At a train or bus station, park or in a car  
 In an abandoned apartment building     In a motel/hotel, camping ground, or other similar situation due to the lack of alternative adequate housing  
 Temporary housed in a shelter awaiting a DCFS permanent foster care placement

School Principal: If any box is checked, see the Homeless Education Program Policy and Other Important Documents.

Student's Address \_\_\_\_\_ Apt. number \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_ Student's Home Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Mother's Work phone number \_\_\_\_\_  
Cellphone number \_\_\_\_\_ E-mail address \_\_\_\_\_  
Father's Name \_\_\_\_\_ Father's Work phone number \_\_\_\_\_  
Cellphone number \_\_\_\_\_ E-mail address \_\_\_\_\_

### ADDITIONAL CONTACT (GRANDPARENT/AUNT/UNCLE/OTHER)

### CONFIDENTIAL INFORMATION BOX 2

Is there a current Order of Protection or No contact order which concerns this student?  Yes  No

School Principal: If Yes follow the School Board Policy 704.4

### PLEASE LIST AT LEAST THREE (3) INDIVIDUALS WHO CAN PICK UP THIS STUDENT FROM SCHOOL

Name _____	Name _____
Phone number _____	Phone number _____
Relationship to Family _____	Relationship to Family _____
Name _____	
Phone number _____	
Relationship to Family _____	

### IF THERE IS/ARE PERSONS WHO MAY NOT HAVE ACCESS TO THE STUDENT, PLEASE INDICATE HERE:

Name \_\_\_\_\_ Name \_\_\_\_\_

### SIBLING INFORMATION

Does the student have any siblings attending ALCS?

Name \_\_\_\_\_  
Name \_\_\_\_\_

### PLEASE GIVE THE NAME OF A RELATIVE OR NEIGHBOR WHO COULD BE NOTIFIED IN CASE OF ILLNESS OR ACCIDENT:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_  
Relationship to Family \_\_\_\_\_

### IF WE CANNOT REACH YOU AND FEEL THAT YOUR FAMILY DOCTOR IS NEEDED, PLEASE SUPPLY THIS INFORMATION

Family Doctor \_\_\_\_\_ Address \_\_\_\_\_  
Telephone \_\_\_\_\_

I authorize you to call my doctor, if necessary

Parent/Guardian Signature \_\_\_\_\_