

Student Emergency Contact Information 2021-2022 School Year



DIRECTIONS—PLEASE READ FIRST. If you have questions, please call Ms. Porter directly: 773.265.7232

1. Fill out this form completely for each of your students (only 1 form/student)
2. When complete, "save as" and name your file with your student's name; save it to your desktop or documents folder
3. Send your completed form directly to Ms. Porter jporter@alainlocke.org as an attachment (it's ok to include multiple forms with your email).

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 your 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 _____

Cellphone _____ E-mail _____

Father's Name _____ Father's Work Phone _____

Cellphone _____ E-mail _____

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 _____ Phone number _____ Family Relationship _____

Name _____ Phone number _____ Family Relationship _____

Name _____ Phone number _____ Family Relationship _____

IF THERE IS/ARE PERSON(S) WHO MAY NOT HAVE ACCESS TO THE STUDENT(S), 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