



# The New Standard Academy

2040 West Carpenter Road || Flint, MI 48505 || (810) 787-3330

## Emergency Contact Form

STUDENT INFORMATION			
Student's Full Legal Name:			
First:	Middle:	Last:	
Date of Birth:	Age:		
Grade for Fall 2017:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Race: <input type="checkbox"/> African American <input type="checkbox"/> Native American	<input type="checkbox"/> Caucasian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other
PARENT CONTACT UPDATE:			
Mother's Name:			
Address:		City:	Zip Code:
Home Phone:	Cell Phone:	Alternate Phone:	
Father's Name:			
Address:		City:	Zip Code:
Home Phone:	Cell Phone:	Alternate Phone:	
Student resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent			
EMERGENCY CONTACT(S): Adult persons (18 years or older) who may be contacted in the event of an emergency			
Name:	Phone:	Relation to Student:	
Name:	Phone:	Relation to Student:	
Name:	Phone:	Relation to Student:	
Name:	Phone:	Relation to Student:	
PERSONS RESTRICTED FROM PICKING UP STUDENTS FROM SCHOOL: **Court documentation must be provided when restricting parents/guardians**			
Name:	Phone:	Address:	
Name:	Phone:	Address:	
Name:	Phone:	Address:	
Name:	Phone:	Address:	
MEDICAL INFORMATION			
Hospital/Clinic Preference:			
Physician's Name:		Phone Number:	
Parent Signature:			Date: