



SAINT RAPHAEL ACADEMY

FAMILY & EMERGENCY CONTACT INFORMATION

If any information recorded on this sheet changes during the school year, please be sure to notify the school office.

STUDENT'S NAME and MAILING ADDRESS

First name _____ Last name _____

Address _____ Apt. #/Floor _____

City _____ State _____ Zip _____

Student's cell phone _____

STUDENT RESIDES WITH mother father both other _____

ADDRESS MAILINGS TO Mr. & Mrs. Ms. Mr. other _____

CONTACT 1 (primary contact) Relationship to student _____

First name _____ Last name _____

Home phone number () _____ Cell phone number () _____

Work phone number () _____ Extension _____

Occupation _____ Employer _____

Email Address _____

“Contact 1” will receive attendance, discipline, scheduling, progress reports and report cards.

CONTACT 2 Relationship to student _____

First name _____ Last name _____

Address _____ Apt. #/Floor _____

City _____ State _____ Zip _____

Home phone number () _____ Cell phone number () _____

Work phone number () _____ Extension _____

Occupation _____ Employer _____

Email Address _____

If address is different than Contact 1, are mailings to be sent to Contact 2? No Yes

If ‘yes’, which ones? Attendance Discipline Scheduling Report Cards/Progress Reports

EMERGENCY CONTACTS In case of emergency and parent(s)/guardian(s) cannot be reached, please list the names and contact information for TWO responsible people who can be contacted by the school.

Emergency Contact 1 First name _____ Last name _____
Phone Number _____ Relationship to student _____

Emergency Contact 2 First name _____ Last name _____
Phone Number _____ Relationship to student _____