



BEACON CITY SCHOOL DISTRICT
SARGENT ELEMENTARY SCHOOL

29 EDUCATION DRIVE
BEACON, NEW YORK 12508
PHONE: 845-838-6900, ext. 4501 ~ FAX: 845-838-6978

**STUDENT
INFORMATION
FORM**

Resource: 2007 Emergency Contact Form

Parent/Guardian: It is essential for the school to be able to contact you in the event of an emergency, for example, in the event of an early closing due to weather or if your child is sick and needs to go home early.

If you move, you need to go up to see the Registrar, Mrs. Morgan, at the Board of Ed Building at 10 Education Drive and fill out a "Change of Address" form and present her with 2 proofs of residence (see list below).

The **two Proofs of Residency** can be any of the following:

- ✓ Current Tax Bill
- ✓ House Deed
- ✓ Current Lease
- ✓ Bill of Sale
- ✓ Mortgage Statement
- ✓ DSS identification
- ✓ Current Utility Bill
- ✓ Current Insurance Bill
- ✓ Current Telephone Bill
- ✓ Current Fuel Company Bill
- ✓ Current Bank Statement
- ✓ Voter's Registration Card

Please keep the school updated with any changes in contact information such as a new phone number, new cell phone number, CUSTODY ISSUES or new employment. The EMERGENCY CONTACT FORM below is for you to fill out if you need to make any changes.



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Student's Last Name:				Student's First Name:			
Date:		Grade:		Teacher's Name:			
Does Your Child Have A Food Or Other Allergy: Yes <input type="checkbox"/> No <input type="checkbox"/> Explain							
Doctor's Name & Phone Number:							
Student lives with:		<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Guardian-Name:		
Home Address:							
City/State/Zip:					Home Phone:		
Mailing Address (If different than Home Address):							
City/State/Zip:							
Mother	Name:						
	Address (if different than home address)						
	Home Phone:				Cell Phone:		
	Employer:				Work Phone:		
Father	Name:						
	Address (if different than home address)						
	Home Phone:				Cell Phone:		
	Employer:				Work Phone:		
THE SCHOOL IS HEREBY AUTHORIZED TO CONTACT THE FOLLOWING PERSON(S) IN THE EVENT THAT THE PARENT/GUARDIAN IS UNABLE TO BE REACHED. PLEASE FILL OUT ALL REQUIRED INFORMATION.							
Emergency Contact # 1:							
Relationship (To Child):							
Emergency Contact Phone No.:		Home <input type="checkbox"/>		Cell <input type="checkbox"/>		Work <input type="checkbox"/>	
Emergency Contact # 2:							
Relationship (To Child):							
Emergency Contact Phone No.:		Home <input type="checkbox"/>		Cell <input type="checkbox"/>		Work <input type="checkbox"/>	
Emergency Contact # 3:							
Relationship (To Child):							
Emergency Contact Phone No.:		Home <input type="checkbox"/>		Cell <input type="checkbox"/>		Work <input type="checkbox"/>	

Signature

Date



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Parent/Guardian: Please do NOT ask the school to call you during a situation that affects the entire school. All of the information BELOW is required BY SARGENT SCHOOL TO COMMUNICATE HOW YOUR CHILD WILL GET HOME IN THE EVENT OF AN EMERGENCY EARLY DISMISSAL. Students NOT picked up following an emergency closing will be transported to the Juvenile Division of the City of Beacon Police Department.

EARLY DISMISSAL INSTRUCTIONAL PLAN

STUDENT NAME (last, first):

1. Who do you authorize to be responsible for your child, in the event of an early dismissal?

2. How will your child get home in the event of an early dismissal (please check ONLY ONE)?

He/She will be picked up at the school by the following person(s):

He/She has my permission to walk home from school (even during severe weather conditions).

He/She will take the bus to the regular drop-off point.

He/She will take the bus to the following (different) drop off point:

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Other (Please describe):

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3. Please list below any information that you believe the school would need to know about your child in the event of an emergency (write N/A if nothing is applicable).

PLEASE SIGN BELOW AND RETURN THIS FORM TO YOUR CHILD'S TEACHER.

Signature

Date