

**Allegro Charter School of Music
2018-2019 Emergency Contact Information**

Student Last Name: _____ Student First Name: _____

DOB: _____ 2018-2019 Grade Level: _____

EMERGENCY CONTACTS

(List all people who have permission to assume temporary care of your child and will be allowed to sign them out in case you cannot be reached or are unavailable to sign-out your student. Please note if a person is not listed here, they will be unable to sign out your child).

| Name | Home Phone | Work Phone | Cell Phone | Email Address |
|-----------------------------|-------------------|-------------------|-------------------|----------------------|
| Mother's Name: | | | | |
| Place of Employment: | | | | |
| Father's Name: | | | | |
| Place of Employment: | | | | |
| Contact 1: | | | | |
| Contact 2: | | | | |
| Contact 3: | | | | |
| Contact 4: | | | | |
| Contact 5: | | | | |

List additional persons on the back of this sheet who have permission to sign your child out of school this year.