



# The Academies at 60 Parkhurst

60 Parkhurst, Pontiac, MI 48342

Phone: (248) 451-7510

Kelley Williams, Superintendent

*"Remembering Your Purpose"*



*"A World Class School District - We Put Students First."*

*Mr. Greg Spencer Principal*

*Ms. Sylvia Sturgis Assistant Principal*

## **Student Contact & Emergency Form**

(Please Print)

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Student Cell Phone# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **Primary Parent or Legal Guardian(s) Information:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home or Alternate Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Work #: \_\_\_\_\_ Employer: \_\_\_\_\_

Address ( If different from student): \_\_\_\_\_ City: \_\_\_\_\_ Zip : \_\_\_\_\_

### **Secondary Contact Information:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home or Alternate Phone # \_\_\_\_\_

### **Additional Contact(s):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Dr. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

### **Additional Information (Allergies, Medications, Dietary Issues, No Contact List, Custody Information, etc.):**