

TOWNSHIP OF FRANKLIN PUBLIC SCHOOLS EMERGENCY FORM	STUDENT'S NAME:	
	(Last)	(First) (MI)

School _____ Teacher _____

Grade _____ Birth Date _____ Gender ___ M ___ F Bus # _____

Address _____

Mailing Address (if you have PO Box) _____

PLEASE CHECK THE BOX NEXT TO THE ONE PHONE NUMBER THAT IS THE MAIN CONTACT NUMBER THAT PHONE NUMBER WILL BE CALLED FIRST AND SET UP TO RECEIVE IMPORTANT RECORDED MESSAGES

Name of Mother/Step-Mother/Guardian (circle one) _____

Home Phone # _____ Cell Phone # _____

Occupation _____ Work Phone # _____

Name of Father/Step-Father/Guardian (circle one) _____

Home Phone # _____ Cell Phone # _____

Occupation _____ Work Phone # _____

Student primarily lives with: ___ Both Parents ___ Mother ___ Father ___ Parent/Step-Parent ___ Guardian(s)

If student's biological parents reside together, they are: ___ Married ___ Single/Living Together

If student's biological parents do not reside together, they are: ___ Separated ___ Divorced ___ Single ___ Widowed

If you are this student's guardian, indicate your relationship to student: _____

****Are there custody or guardianship documents for this student? ___ Yes ___ No **Pre-K? _____**

****Please Note:** If there are court documents regarding parental custody or guardianship, a copy must be on file with your child's school. Contact the School Secretary or Board Office (856-629-9500 x1200) for more information.

<p>Is this student covered by health insurance? Yes _____ Insurance Company _____</p> <p>No _____ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information, call 1-800-701-0710 or visit www.njfamilycare.org to apply online. I hereby give you permission to release my name and address to NJ FamilyCare Program to contact me about health insurance for my family.</p> <p>Signature _____ Date _____</p> <p style="text-align: center;"><i>Written consent required pursuant to 20 U.S.C. § 1232g (b)(1) and 34 C.F.R. 99.30 (b)</i></p>
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EMERGENCY CONTACTS: PLEASE LIST PERSONS OTHER THAN YOURSELF WHO YOU AUTHORIZE TO RECEIVE PHONE CALLS OR PICK UP THIS STUDENT IN THE EVENT THAT YOU CANNOT BE REACHED

Name Phone # Relationship to Student

Name Phone # Relationship to Student

Name Phone # Relationship to Student

Parent/Guardian Email Address _____

Family Physician _____ Phone # _____

In case of emergency, I hereby give permission for this student to be taken to the hospital for treatment, if necessary.

Signature of Parent/Guardian

Date