

# Simmons Emergency Information Form

School Year: \_\_\_\_\_

The Clayton School District will call one number to contact parents/guardians in case of emergency school closings, student tardies and student absences. Please use an active reliable number. If numbers change, it is your responsibility to contact the elementary school.

Student's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student's Address: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

**\*Home Phone number will be used as Global Call Number**

Mailing Address (if different) \_\_\_\_\_  
\*\*\*\*\*

Mother's Full Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_**Same as Student**

Work Phone #: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**email:** \_\_\_\_\_  
\*\*\*\*\*

Father's Full Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_**Same as Student**

Work Phone #: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**email:** \_\_\_\_\_

**NAMES OF LOCAL FRIENDS OR RELATIVES TO CALL IF YOU ARE NOT AVAILABLE: \*Please note your child will only be released to those listed on this sheet. Must be at least 18 years of age.**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone #: \_\_\_\_\_ / Phone#: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone #: \_\_\_\_\_ / Phone#: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone #: \_\_\_\_\_ / Phone#: \_\_\_\_\_

**DISMISSAL INFORMATION. PLEASE CHECK ONE OF THE FOLLOWING:**

\_\_\_\_\_ Goes to Trinity Learning or Golden Gate

\_\_\_\_\_ Takes Simmons School Bus # \_\_\_\_\_ Walks home

\_\_\_\_\_ Gets picked up by:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Additional Number:** \_\_\_\_\_

This person should either be a parent or designated person you have made arrangements with your child. It is very important that you review with your child where he/she should go in the event of an emergency closing.

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**Siblings: (Please list all student's siblings who are in the Clayton School District only)**

1. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

2. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

3. Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

***Please read Carefully***

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY. INSUFFICIENT INFORMATION OR INCOMPLETE FORMS WILL BE RETURNED. IF PHONE NUMBER CHANGES, PLEASE SUBMIT YOUR CHANGES IN WRITING TO THE ELEMENTARY SCHOOL OFFICE. THANK YOU.**

**THIS FORM MUST BE SIGNED AND DATED BY A PARENT OR GUARDIAN ONLY.**

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian – Print Name Clearly*

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