

BYRAM HILLS SCHOOL DISTRICT
Emergency Contact Information for Students

<u>PRIMARY CUSTODIAL GUARDIAN</u>	<u>SECONDARY CUSTODIAL GUARDIAN</u>
Name _____	Name _____
Relationship to child _____	Relationship to child _____
Home Address _____	Home Address (if different) _____
Home# _____	Home# _____
Cell# _____	Cell# _____
Work# _____	Work# _____
Email Address _____	Email Address _____

	Emergency Contact	Emergency Contact	Emergency Contact
Name	_____	_____	_____
Relationship to child	_____	_____	_____
Cell#	_____	_____	_____
Work#	_____	_____	_____
Home#	_____	_____	_____

** Please limit to three emergency contacts per household.*

**Please provide names and grades of BHCS D children in household.
 Use the back of the form if additional space is necessary.**

Grade	Student's Name		Grade	Student's Name

A signature is required for all system changes. Please sign below. Thank you.

 Parent Signature

 Date

Please send completed and signed form with changes to: **Mattie Garcia**
 Coman Hill School
 558 Bedford Road • Armonk, New York 10504