

St. Mary Gate of Heaven School Emergency Information Sheet

Student Name: _____

Date of Birth: _____

Address: _____

Class: _____

Mother/Father Names	Home Phone	Work Phone	Cell Phone/Pager

Persons Designated as Emergency Pick-up

(These individuals are authorized by the parents to pick up the child in case of an emergency)

Name	Relationship	Phone Number

Students will be released only to parents or those designated as the Emergency Pick-up

Parent/Guardian Signature: _____

*Please notify the school of any changes in the above information.
Thank you.*