



# SHORELINE

## École Shoreline Community Middle School

### Student Emergency Contact Form

#### Personal Information

First Name	<input type="text"/>	Last Name	<input type="text"/>
Student ID#	<input type="text"/>		
Home Address	<input type="text"/>		
Address (Line 2)	<input type="text"/>		
City	<input type="text"/>		
State	<input type="text"/>	ZIP Code	<input type="text"/>
Home Phone	<input type="text"/>	Cell Phone	<input type="text"/>
E-mail	<input type="text"/>	Date of Birth	<input type="text"/>

#### Emergency Contact

First Name	<input type="text"/>	Last Name	<input type="text"/>
Relationship	<input type="text"/>		
Home Phone	<input type="text"/>	Cell Phone	<input type="text"/>
Work Phone	<input type="text"/>	E-mail	<input type="text"/>

#### Secondary Emergency Contact-(if 1st Emergency Contact is not local)

First Name	<input type="text"/>	Last Name	<input type="text"/>
Relationship	<input type="text"/>		
Home Phone	<input type="text"/>	Cell Phone	<input type="text"/>
Work Phone	<input type="text"/>	E-mail	<input type="text"/>

Additional Information