



Tidioute Community Charter School
Providing a World -Class Education in a Small Town Environment

"Working Together to Accomplish More"
Emergency Card Information Update for 2020-2021

Fill out completely

Last Name _____ First Name _____ Middle Name _____ Grade _____

Contact information:

Primary phone number _____ Email _____

I have double checked and the information below has not changed since last year.

My information is the same as last year. Parent Name _____

Parent Signature _____ Date _____

If your information has not changed STOP here.
If the information below has changed please make those changes below.

Home # _____ DOB _____ Township: _____ (which borough or township do you live in?)

Physical Address: Street _____

City _____ State _____ Zip Code _____

Mailing Address: Street _____

City _____ State _____ Zip Code _____

Email (Parent) _____ Email (student) _____

Student Lives with: _____ Single parent household: Yes No

Father/Guardian: _____ Cell# _____

Home Phone _____ Place of Employment: _____

Work Phone# _____ Which shift do you work? _____

Do you live in the household with child? Yes No

Address if different from student _____

Mother/Guardian: _____ Cell# _____

Home Phone _____ Place of Employment: _____

Work Phone# _____ Which shift do you work? _____

Do you live in the household with child? Yes No

Address if different from student _____

Step-Father: _____ Cell# _____

Home Phone _____ Place of Employment: _____

Work Phone# _____ Which shift do you work? _____

Do you live in the household with child? Yes _____ No _____

Address if different from student _____

Step-Mother: _____ Cell# _____

Home Phone _____ Place of Employment: _____

Work Phone# _____ Which shift do you work? _____

Do you live in the household with child? Yes _____ No _____

Address if different from student _____

In Case of Illness, Whom Shall We Contact **If Parents** Cannot Be Reached?

1. Name: _____ Relationship to Student _____ Lives with student ___Yes ___No

Work Phone# _____ Cell# _____ Home Phone# _____

Address _____ City _____ State _____

2. Name: _____ Relationship to Student _____ Lives with student ___Yes ___No

Work Phone# _____ Cell# _____ Home Phone# _____

Address _____ City _____ State _____

3. Name: _____ Relationship to Student _____ Lives with student ___Yes ___No

Work Phone# _____ Cell# _____ Home Phone# _____

Address _____ City _____ State _____

Babysitter/Daycare: _____ Phone _____

Who is authorized to pick your child up from school? Please list anyone other than **mom & dad or guardian** who is allowed to pick your child up from school. They will be required to show ID.

Full Name	Relationship to child	Phone #
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1.

2.

3.

4.

5.

***If your child has a custody agreement put in place by the courts please provide a copy to the school office for your child's file.

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