

EMERGENCY MESSENGER

STUDENT NAME _____

PARENT NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

START DATE _____

Fill in Phone/Email/Text Numbers you want our **automated system** to call.

FILL IN ONLY THE NUMBERS YOU WANT CALLED/TEXT

Please check the box for the type of message for each number listed:

| | Phone Call | Text Msg |
|---|--------------------------|--------------------------|
| PRIMARY HOUSEHOLD PHONE: (____) _____ - _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| SECOND HOUSEHOLD PHONE: (____) _____ - _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| CELL PHONE: (____) _____ - _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER PHONE: (____) _____ - _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| WORK PHONE: (____) _____ - _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Print clearly for e-mail information provided: (fill in ONLY if you want an automate notice).

EMAIL: _____

SECOND EMAIL: _____