

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: _____