

<b>TOWNSHIP OF FRANKLIN PUBLIC SCHOOLS EMERGENCY FORM 2017-2018</b>	STUDENT'S NAME:	
	(Last)	(First) (MI)

School \_\_\_\_\_ Teacher \_\_\_\_\_

Grade \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_ M \_\_\_ F Bus # \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address (if you have PO Box) \_\_\_\_\_

**PLEASE CHECK THE BOX NEXT TO THE ONE PHONE NUMBER THAT WILL BE YOUR MAIN CONTACT NUMBER THAT PHONE NUMBER WILL BE CALLED FIRST AND SET UP TO RECEIVE IMPORTANT RECORDED MESSAGES**

Name of Mother/Step-Mother/Guardian (circle one) \_\_\_\_\_

Home Phone # \_\_\_\_\_  Cell Phone # \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone # \_\_\_\_\_

Name of Father/Step-Father/Guardian (circle one) \_\_\_\_\_

Home Phone # \_\_\_\_\_  Cell Phone # \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone # \_\_\_\_\_

Student primarily lives with: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Parent/Step-Parent \_\_\_ Guardian(s)

If student's biological parents reside together, they are: \_\_\_ Married \_\_\_ Single/Living Together

If student's biological parents do not reside together, they are: \_\_\_ Separated \_\_\_ Divorced \_\_\_ Single \_\_\_ Widowed

If you are this student's guardian, indicate your relationship to student: \_\_\_\_\_

**\*\*Are there legal custody or guardianship documents for this student? \_\_\_ Yes \_\_\_ No**

**\*\*Please Note:** If there are court documents regarding parental custody or guardianship, a copy must be on file with your child's school. Contact the School Secretary or Board Office (856-629-9500 x1200) for more information.

<p><b>Is this student covered by health insurance?</b> Yes _____ Insurance Company _____</p> <p>No _____ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information, call 1-800-701-0710 or visit <a href="http://www.njfamilycare.org">www.njfamilycare.org</a> to apply online. I hereby give you permission to release my name and address to NJ FamilyCare Program to contact me about health insurance for my family.</p> <p>Signature _____ Date _____</p> <p style="text-align: center;"><i>Written consent required pursuant to 20 U.S.C. § 1232g (b)(1) and 34 C.F.R. 99.30 (b)</i></p>
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**EMERGENCY CONTACTS: PLEASE LIST PERSONS OTHER THAN YOURSELF WHO YOU AUTHORIZE TO RECEIVE PHONE CALLS OR PICK UP THIS STUDENT IN THE EVENT THAT YOU CANNOT BE REACHED**

\_\_\_\_\_  
Name Phone # Relationship to Student

\_\_\_\_\_  
Name Phone # Relationship to Student

\_\_\_\_\_  
Name Phone # Relationship to Student

Parent/Guardian Email Address \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

**In case of emergency, I hereby give permission for this student to be taken to the hospital for treatment, if necessary.**

\_\_\_\_\_  
Signature of Parent/Guardian Date