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| TOWNSHIP OF FRANKLIN PUBLIC SCHOOLS EMERGENCY FORM 2009- 2010 | STUDENT'S NAME: _____ | | |
| | (Last) _____ | (First) _____ | (MI) _____ |

School _____ Teacher _____ Bus # _____
 Grade _____ Birth Date _____ Gender ___M ___F
 Address _____

Mailing Address (if different) _____

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 resides with: ___ Both Parents ___ Mother ___ Father ___ Parent & Step-Parent ___ Guardian

If student resides with Parent(s), they are: ___ Married ___ Separated ___ Divorced ___ Widowed
 ___ Single/Living Together ___ Single/Not Living Together

If student resides with Guardian(s), indicate your relationship to student: _____

**Are there custody or guardianship documents for this student? ___ Yes ___ No

****Please Note:** If there are court documents regarding parental custody of this student and they are not on file with the school district, then this student may be released to either parent. Contact the school secretary with any questions.

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| <p>Is this student covered by health insurance? Yes ___ Name of insurance company _____ 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 www.njfamilycare.org to apply online. I hereby give permission for you to release my name and address to NJ FamilyCare Program or the State of N.J.</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 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

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 Date