

TRINITY CATHOLIC SCHOOL
2016-2017 School Year

Emergency Contact Information & Authorization to Release

Family Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

_____ Cell Phone: _____

Student's Name:

_____ Grade: _____

_____ Grade: _____

_____ Grade: _____

Father's Name: _____ Work Phone: _____

Mother's Name: _____ Work Phone: _____

Emergency Contact: (Other than parent)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Authorized for release only to the following individual(s) (other than parent) listed below:

_____ Date: _____

Signature