HENDERSON
INTERNATIONAL SCHOOL

Student Emergency & Trusted Pick Up

Change of Contact Information

Student Last Name: _____ **Student First Name:** _____

Date of Birth: _____/_____/_____ **Grade:** _____

Please Print Full Name 1: _____

Please Circle: Add Contact Remove Contact

Please Circle: Emergency Contact Trusted Pick Up Contact

Address:

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Relationship to Student: _____

Please Print Full Name 2: _____

Please Circle: Add Contact Remove Contact

Please Circle: Emergency Contact Trusted Pick Up Contact

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Work Email: _____

Relationship to Student: _____

My signature on this form authorizes the changes above to be entered on my students record.

_____ _____

Name of Parent/Guardian (Print) Signature of Parent/Guardian

Date: _____