Please print

OFFICE USE ONLY ID#_

New Paltz Central School District STUDENT AND EMERGENCY CONTACT INFORMATION

Homeroom/Grade_____

STUDENT NAME	(F))	(A.P. I.II.)		. 1\	/1./6./!!!/!	_ D.O.B.:
TUDENT RESIDENTAL ADDRES	First) S	(Middle)	STUDENT MAILING A	ADDRESS (only if diff	(Jr / Sr / III / IV) Ferent than Reside	
TREET		APT.				
				STREETAPT CITY,NY_ZIP		
OME PHONE						
			TIOWET HOVE			
IAME(Mr., Mrs., Ms., Miss)	(First)	(Middle)	(Last)	(Jr	r/Sr/III/IV)	Relationship to stud
TREET				APT.#		
ITY		STATE	ZIP _			Living with Stude
IOME PH	WORK	(PH	Cell PH			YES / No
MAIL ADDRESS						
LACE OF EMPLOYMENT				Active Duty in the Arm	ned Forces	
NAME						
(Mr., Mrs., Ms., Miss) STREET	,	(Middle)	(Last)	•	/ Sr / III / IV)	Relationship to stud
CITY						
HOME PH						Living with Stude
						YES / NO
MAII ADDRESS						
					ned Forces	
PLACE OF EMPLOYMENT	o receive notifications	via your computer? Che	Or eck if Yes Preferred email	address		
PLACE OF EMPLOYMENT Paperless option: Do you wish to Person(s) to be contacted in NAME	o receive notifications vin case of emerge	via your computer? Che	Or eck if Yes Preferred email ardian cannot be reached RELATIONSHIP	addressed. Please list in t	the order you	would like them call
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Date entered into student management system _

School year _