

Buffalo Elementary School of Technology #6

2026-2027

Student Emergency Contact Form

Name: _____ Grade: _____ Room # _____

Address: _____ Zip: _____

Home Phone # _____ Male ____ Female ____

Household Information

Mothers Name: _____ Cell # _____ Work # _____

Fathers Name: _____ Cell # _____ Work # _____

Guardian Name: _____ Cell # _____ Work # _____

Relationship: _____

Emergency Contact Information other than parents

Name: _____ Relationship: _____

Phone # _____ Additional # _____

Name: _____ Relationship: _____

Phone # _____ Additional # _____

Siblings that attend Buffalo Schools that live in the same house

Name: _____ Relationship: _____ School _____

Name: _____ Relationship: _____ School _____

Name: _____ Relationship: _____ School _____

The following people have permission to pick up your child

Name: _____ Relationship: _____ Phone# _____

Name: _____ Relationship: _____ Phone# _____

Name: _____ Relationship: _____ Phone# _____

Name: _____ Relationship: _____ Phone# _____

In order for someone to pick up your child they **must** be listed on this sheet or else we cannot release your child to them. We can only accept additions or deletions to this list **in writing**. For the safety of your child, we cannot accept phone calls.

I hereby certify that the above information is correct _____

Parent Signature

CO 2014

COURT ORDERS (Current Court Order for student)? YES ____ NO ____ TYPE ____ Please provide copy to school