

2024/2025 ST. ALOYSIUS ACADEMY
EMERGENCY CONTACTS/EMERGENCY DISMISSAL/MEDICAL INFORMATION

Student Name: _____ Grade: _____ Date of Birth: _____
Student lives with Mother Father Both Guardian Name: _____

Father's Name: _____	Mother's Name: _____
Street Address: _____	Street Address: _____
City, ST Zip: _____	City ST Zip: _____
Home Phone: _____	Home Phone: _____
Place of Employment: _____	Place of Employment: _____
Street Address: _____	Street Address: _____
City, ST Zip: _____	City ST Zip: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

EMERGENCY CONTACTS (when parents cannot be reached)

1 st Name: _____	2 nd Name: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

AFTER SCHOOL CARE (other than St. Aloysius Academy)

Organization Name: _____	Caregiver Name: _____
Phone: _____	Home Phone: _____
	Cell Phone: _____

EMERGENCY EARLY DISMISSAL (MEANS OF TRANSPORTATION)

In case of an unscheduled emergency early dismissal, my son will take the following means of transportation: Car Bus***

My son is permitted to go home with the following parent/guardian if I cannot come.

1. _____
2. _____
3. _____

Please note important information:

- Extended Day and after-school activities are cancelled.
- **Remember: ***Buses come at varying times. Each district sets its own pick-up time.**
- Students will be sent home by their usual means of transportation unless otherwise indicated.
- The school phone is usually tied up. Please try to avoid having your son make a call.
- **Share your Plan!** Your son should know what to do when he arrives home and you are not there.
Where is the key? Whom does he call? Where are the telephone numbers?

- **I realize that my child/children will be using textbooks and other resources from State of Pennsylvania Act 195/90/35 funding.**

OVER →

