

**SIMI VALLEY UNIFIED SCHOOL DISTRICT
EMERGENCY CONTACT INFORMATION UPDATE**

Student Name: _____ **ID #:** _____
Street Address: _____ **Grade:** _____
City, State, Zip: _____ **Phone:** (____) _____

Parent(s), Guardians, or other adult(s) responsible for student:

1. Name: _____	2. Name: _____
Relationship to Student _____	Relationship to Student _____
Living With: _____	Living With: _____
Address: _____	Address: _____
_____	_____
Home Phone: (____) _____	Home Phone: (____) _____
Cell/Pager Phone: (____) _____	Cell/Pager Phone: (____) _____
Employer: _____	Employer: _____
Work Phone: (____) _____	Work Phone: (____) _____

OTHER EMERGENCY CONTACTS (List 3 or more)

The following persons have my permission to pick up my child from school:

1.	_____	_____
	Name	Relationship to Student
	_____	_____
	Phone #	Phone #
	_____	_____
2.	_____	_____
	Name	Relationship to Student
	_____	_____
	Phone #	Phone #
	_____	_____
3.	_____	_____
	Name	Relationship to Student
	_____	_____
	Phone #	Phone #
	_____	_____
4.	_____	_____
	Name	Relationship to Student
	_____	_____
	Phone #	Phone #
	_____	_____

PRIMARY DOCTOR OR CLINIC: _____
(For Emergency Use Only) _____
Phone # _____

School Districts are required to verify each student's residence every year. YOUR SIGNATURE verifies that all information on this form is correct. THIS FORM MUST BE RETURNED TO YOUR SCHOOL.

SIGNATURE: _____ **DATE:** _____
Parent/Guardian