

# O'Rourke MS 2015-2016 Student Emergency Information Update

**Parent/Guardian:** Please verify all information on this form, making any necessary changes/additions and return to O'Rourke Middle School as soon as possible. It is important this information be verified/updated each year. Thank you for your assistance.

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_ Grade in 2015-2016 \_\_\_\_\_

|                           | Information on Record | Note any changes/additions below |
|---------------------------|-----------------------|----------------------------------|
| Last Name                 |                       |                                  |
| First Name                |                       |                                  |
| Birth Date                |                       |                                  |
| Gender                    |                       |                                  |
| Ethnicity                 |                       |                                  |
| Home Telephone Number     |                       |                                  |
| Residence Address         |                       |                                  |
| Residence City, State Zip |                       |                                  |
| Mailing Address           |                       |                                  |
| Mailing City, State Zip   |                       |                                  |

**Contact 1—Person Student Resides With**

|                         |  |  |
|-------------------------|--|--|
| Last Name               |  |  |
| First Name              |  |  |
| Relationship to student |  |  |
| Address                 |  |  |
| City, State Zip         |  |  |
| Home Telephone Number   |  |  |
| Cell Telephone Number   |  |  |
| Work Telephone Number   |  |  |
| Email Address           |  |  |

**Contact 2**

|                         |  |  |
|-------------------------|--|--|
| Last Name               |  |  |
| First name              |  |  |
| Relationship to student |  |  |
| Address                 |  |  |
| City, State Zip         |  |  |
| Home Telephone Number   |  |  |
| Cell Telephone Number   |  |  |
| Work Telephone Number   |  |  |
| Email Address           |  |  |

If at a different address, should Contact 2 receive a separate mailing?     No     Yes