



Michael Patton
Superintendent of Schools
pattonm@sgfcsd.org

Karyn Bates
District Registrar
batesk@sgfcsd.org

SOUTH GLENS FALLS CENTRAL SCHOOL DISTRICT

Emergency Contact Form

If parent/guardian cannot be reached please contact:

Emergency Contact 1 Name: Dr. / Mr. / Mrs. / Ms. _____
(Last name, First name, Middle initial)

Relationship to student _____

Address _____

Lives with Student Does Not Live with Student Has Custody of Student Can Pick Up Student from School

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____

Emergency Contact 2 Name: Dr. / Mr. / Mrs. / Ms. _____
(Last name, First name, Middle initial)

Relationship to student _____

Address _____

Lives with Student Does Not Live with Student Has Custody of Student Can Pick Up Student from School

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____

Emergency Contact 3 Name: Dr. / Mr. / Mrs. / Ms. _____
(Last name, First name, Middle initial)

Relationship to student _____

Address _____

Lives with Student Does Not Live with Student Has Custody of Student Can Pick Up Student from School

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____

Emergency Contact 4 Name: Dr. / Mr. / Mrs. / Ms. _____
(Last name, First name, Middle initial)

Relationship to student _____

Address _____

Lives with Student Does Not Live with Student Has Custody of Student Can Pick Up Student from School

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____