



**South Colonie Central School District
102 Loralee Drive
Albany, New York 12205**



IMPORTANT PARENT CONTACT INFORMATION

Student Information

Student#	Student Name Last	First	Middle or Initial	School	Grade-HmRm	Gender M/F	Date of Birth
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Resident Address (House#, Street, City, State, Zip, Apartment or Lot# - NO P.O. Boxes)

Mailing Address (If Different)

Home Telephone: _____

Legal Guardian(s): _____

Guardian's Relationship to Student (Check All That Apply)

Mother: Step-Mother: Father: Step-Father: Relative: Non-Rel.:

Parent/Guardian Information

Name: _____

Relationship to Student: Father Mother Step-Father Step-Mother Relative Non-Relative

Address: _____
(If Different from Student)

Occupation: _____

Employer: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Pager: _____

Parent/Guardian Information

Name: _____

Relationship to Student: Father Mother Step-Father Step-Mother Relative Non-Relative

Address: _____
(If Different from Student)

Occupation: _____

Employer: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Pager: _____

Automated Telephone Notification System Information

In the event of an emergency (e.g. early dismissal) all 3 numbers listed below (Primary, Alternate 1, Alternate 2) will be called. For non-emergency situations (e.g. community outreach) only the first number listed below (Primary) will be called.

Please Note: This system cannot dial extensions. Therefore, please use numbers that will reach you directly.

Primary: _____

Alternate 1: _____

Alternate 2: _____

