



# Granite State Academy

a public chartered high school

## EMERGENCY CONTACT FORM

Student's Full Name \_\_\_\_\_ Grade \_\_\_\_\_

Guardian 1: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Address: \_\_\_\_\_

Guardian 2: \_\_\_\_\_ Contact info: \_\_\_\_\_

Address: \_\_\_\_\_

Student resides with: \_\_\_\_\_

First Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to student \_\_\_\_\_

Second Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to student \_\_\_\_\_

Third Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to student \_\_\_\_\_