



King of Kings Lutheran School Emergency Notification Form ~ 2019-2020

Student's Name _____

Grade _____ Date of Birth _____

Father's Name _____

Father's Email _____

Father's Cell # _____ Father's Home # _____

Father's Place of Employment _____

Father's Work # _____ Father's Working Hours _____

Mother's Name _____

Mother's Email _____

Mother's Cell # _____ Mother's Home # _____

Mother's Place of Employment _____

Mother's Work # _____ Mother's Working Hours _____

Please list others who may be contacted to pick up your child in case of an emergency.

Name _____

Relationship to Student _____ Phone # _____

Name _____

Relationship to Student _____ Phone # _____

Name _____

Relationship to Student _____ Phone # _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____