



TRENTON PUBLIC SCHOOLS  
TRENTON, NEW JERSEY

### Emergency Contact/Pick-Up Form

School Year: \_\_\_\_\_ School: *Hedgepeth Williams Middle School of the Arts* Teacher: \_\_\_\_\_

Dear Parent/Guardian:

Sudden illness or injury could occur to your child at any time. In case of any such emergency it is important that the school be able to contact you. Please supply the following information and return to school **IMMEDIATELY!** Thank you.

**\*\*PLEASE NOTIFY THE SCHOOL OFFICE IN THE EVENT THAT YOU CHANGE YOUR ADDRESS OR TELEPHONE NUMBER\*\***

Child's Name: _____	Father's Name: _____
Mother's Name: _____	Address: _____
Address: _____	Home Phone: _____
Home Phone: _____	Cell Phone: _____
Cell Phone: _____	Email: _____
Email : _____	Work Place: _____
Work Place: _____	Work Phone: _____
Work Phone: _____	

Name, relation and phone number of reliable family or friends who could be contacted when we are unable to reach the parent or guardian.

Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____

Please list brothers and/or sisters and the schools that he/she/they are currently attending.

Name: _____	School: _____
Name: _____	School: _____
Name: _____	School: _____
Name: _____	School: _____

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_