



Emergency Contact Information

Person(s) other than parents/guardians authorized to pick up student(s)

1. First Name	Middle Name	Last Name
Relationship	Mobile	Email
Home Phone	Work Phone	

2. First Name	Middle Name	Last Name
Relationship	Mobile	Email
Home Phone	Work Phone	

3. First Name	Middle Name	Last Name
Relationship	Mobile	Email
Home Phone	Mobile	

Authorization

By signing this application, I agree to abide by all policies and procedures for my child and my family as set forth by Seton Catholic.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date