Commission scolaire English-Montréal
English Montreal School Board

URGENT

EMERGENCY CONTACT INFORMATION

TO BE RETURNED TO SCHOOL IMMEDIATELY

STUDENT' LAST NAME: _____

STUDENT'S FIRST NAME: _____

HOMEROOM: _____

Please provide four (4) telephone numbers and two (2) email addresses that we can contact in case of **school emergencies or for communications regarding COVID-19 and other important matters**.

Kindly sort them in order of who you would like to be contacted first (i.e: mother, father, aunt, grandmother, etc.)

PLEASE PRINT CLEARLY !

	Name of contact	Relationship to the child	Telephone number	Type of # (cell, home, work)
1.				
2.				
3.				
4.				

We will also need 2 telephone numbers to contact in case of **Transportation Emergencies**, which will also appear on the bus pass (i.e.: parent not at bus stop for student drop off, incidents on the road, etc.) The following 2 numbers may be the same as 2 emergency numbers provided above.

	Name of contact	Relationship to the child	Telephone number	Type of # (cell, home, work)
1.				
2.				

Please provide **at least** one email address that you frequently use and kindly ensure its accuracy. This will be our **primary** means of communication in regards to school information, surveys, and newsletters to name a few.

	Name of person legally responsible	Relationship to the child (mother, father, guardian)	Email address
1.			
2.			

TO BE SENT TO SCHOOL VIA CHILD'S AGENDA