



Roslyn Public Schools

East Hills School 400 Round Hill Road Roslyn Heights, NY 11577
Phone: 516-801-5300 FAX: 516-801-5308 www.roslynschools.org

Melissa Krieger
Principal

Nichole Lewis
Assistant Principal

August 29, 2017

Dear Parents/Guardian:

In order to keep our records current, it is necessary that you print and then complete the attached Student Information Profile Form to be kept on file in the main office and nurse's office. You will be asked to update this page each year. **Please complete if any changes have occurred.**

- Please print all changes neatly in ink. Including your zip code, home telephone number and cellular numbers.
- Under "Emergency Contact Information," please indicate the names, relationship and phone numbers of a minimum of **two** people (other than parents) who may be contacted in case of an emergency. These should be individuals who would be available to pick up your child, if necessary, from school.
- Fill in any emergency or health information that would be helpful to the school.

This completed form should be returned to your child's teacher on **Friday, September 8, 2017.**

Thank you for your cooperation.

Sincerely,

Melissa Krieger

Melissa Krieger
Principal

MK/sd

Attachment

EMERGENCY CONTACT FORM

2017-2018

STUDENT INFORMATION			
Student :		Student #:	
Student Address:		Birth date:	
Phone #:		Sex (M/F):	
Teacher:		Grade:	
EMERGENCY CONTACT INFORMATION: <i>The individuals listed below have authorization to pick up my child and can be reached during school hours at the number(s) listed.</i>			
Name:	Relationship	Phone #:	
Name:	Relationship:	Phone #:	
Name:	Relationship:	Phone #:	
<i>Contact Comments:</i>			
EMERGENCY & HEALTH INFORMATION: <i>If the physician of your choice is not available, a school physician will be called. In the event no other medical care is available at the time of an emergency, the student will be taken to the nearest hospital.</i>			
Physician's Name:		Phone:	
Medical Alert 1:			
Medical Alert 2:			
<i>Health Comments:</i>			
<i>Emergency Comments:</i>			
PARENT/GUARDIAN #1:			
Name:		Relationship:	
Home Address:		Legal Guardian:	Yes No
City, State, Zip:		Resides with:	Yes No
Employer:		Home Phone:	
Work Phone:		Cell Phone:	
		Email:	
PARENT/GUARDIAN #2:			
Name:		Relationship:	
Home Address:		Legal Guardian:	Yes No
City, State, Zip:		Resides with:	Yes No
Employer:		Home Phone:	
Work Phone:		Cell Phone:	
		Email:	
PARENT/GUARDIAN #3:			
Name:		Relationship:	
Home Address:		Legal Guardian:	Yes No
City, State, Zip:		Resides with:	Yes No
Employer:		Home Phone:	
Work Phone:		Cell Phone:	
		Email:	

Parent/Guardian Signature: _____ Date: _____