

Emergency Contact Information

Dear Parents,
Your child's safety is our primary concern here at KIPP DC: KEY Academy. It is vital that we have the most up-to-date contact information for you and your family in the case of an emergency.

Please always contact the office to let us know if any of this information changes.

Student's Name: _____ DOB: _____

Student's SSN: _____ Old School: _____

Home Address: _____

Email address: _____

Home Phone: _____ Ward: _____

Parent / Guardian's Name: _____

Parent / Guardian is a Mother Father Grandparent Aunt or Uncle
 Other: _____

Day Phone: _____ Evening Phone: _____

Back-up Contact's Name: _____

Back-up Contact is a Mother Father Grandparent Aunt or Uncle
 Other: _____

Day Phone: _____ Evening Phone: _____

2nd Back-up Contact's Name: _____

2nd Back-up Contact is a Mother Father Grandparent Aunt or Uncle
 Other: _____

Day Phone: _____ Evening Phone: _____

If there is another KIPP Parent who can pick up your student in the case of an emergency, please provide their information here:

KIPP Parent's Name: _____ Their Student's Name: _____

Day Phone: _____ Evening Phone: _____

Do you have another child at KIPP? _____ **Name(s):** _____