



James Irwin Elementary School – Howard Campus

Character Development and Academic Excellence

Emergency Information

2024-2025

Student Information

District of residence _____

Grade _____

Male Female

(circle one)

Name _____ Date of birth ___ / ___ / ___

Address _____ Zip code _____

Home phone _____

Parent/Legal Guardian Information

1st Contact Name _____ Relationship _____

Work phone _____ Cell phone _____

Email _____

2nd Contact Name _____ Relationship _____

Work phone _____ Cell phone _____

Email _____

Emergency Contact Information (in event neither contact can be reached)

1st Contact Name _____ Relationship _____

Work phone _____ Cell phone _____

2nd Contact Name _____ Relationship _____

Work phone _____ Cell phone _____

Authorized Pick Up for Student (other than parent(s)/guardian, persons listed must present ID)

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Signature of Parent/Guardian _____ Date _____

