

Please complete this form for each student 1-8 to be turned in at Registration



Parish School of Religion (PSR)- 1 thru 8 – Disaster Information

Student Name: _____ **Teacher:** _____
Last First

In the event of an emergency, please list the names of parents below in the order you would like to be contacted.

Parent Name: _____ **Cell Number:** _____
Work Number: _____

Parent Name: _____ **Cell Number:** _____
Work Number: _____

In the event of an emergency, the following have permission to have my child(ren) released into their custody.

Name: _____ **Cell Number:** _____
Last First

Name: _____ **Cell Number:** _____
Last First

Name: _____ **Cell Number:** _____
Last First

Please list the names and teachers of any additional students you have in the Parish School of Religion program.

Student Name: _____ **Teacher:** _____

Student Name: _____ **Teacher:** _____

Student Name: _____ **Teacher:** _____

Signature of person picking up child(ren) the day of the disaster.

Name: _____ **Signature:** _____ **Date:** _____

Name: _____ **Signature:** _____ **Date:** _____

Name: _____ **Signature:** _____ **Date:** _____