

Nevada Joint Union High School District
REQUIRED EMERGENCY INFORMATION

Student ID: _____ School Year: _____
Name _____ Grade _____ Sex _____ Birthdate _____
Mailing Address _____ Home Phone _____
City _____ State _____ Zip _____
Residence Address _____
City _____ State _____ Zip _____

Residency Verification: I declare under penalty of perjury under the laws of the State of California that the above street address is the correct residence for my student.

Parent/Guardian (Print Name) Parent/Guardian Signature Date

With whom does the student live?

Mother **Stepmother**

Last Name _____ First Name _____ Email _____
Home Phone _____ Work Phone _____ Cell _____

Father **Stepfather**

Last Name _____ First Name _____ Email _____
Home Phone _____ Work Phone _____ Cell _____

Guardian – relationship _____

Last Name _____ First Name _____ Email _____
Home Phone _____ Work Phone _____ Cell _____

Non-Resident Guardian: Other legal guardian's address if student is not living with him/her:

Relationship to student _____
Last Name _____ First Name _____ Phone _____
Mailing Address _____ City/State _____ Zip _____

If you cannot be reached in case of illness/injury, give the name of persons who will assume temporary responsibility for your student (someone in this area). Must be at least 18 years old.

Name	Relationship to student	Home Phone	Work/Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____

Has any of the above information changed since the last school year? **Yes** **No**
PLEASE NOTIFY THE REGISTRAR FOR ANY CONTACT/ADDRESS CHANGES DURING THE SCHOOL YEAR

Doctor's Name _____ Phone _____
Dentist's Name _____ Phone _____
Health Plan/Insurance _____ Group/Policy# _____

Please complete both sides