

Iosco RESA Career & Technical Education Center
Student Enrollment/Emergency Information Sheet

Revised 4/12/23

Student Name: (Please print) _____ School District: _____
Last First
Program: _____ Grade: _____ Date of Birth: _____ IEP or 504: Y/N
Address: _____
House # Street City Zip Code
Student Cell: _____ Student Email: _____

FAMILY 1

Mailing Address: _____
City, St, Zip: _____
Home Phone: _____
1st Guardian Name: _____
Relationship to Student: _____
Cell Phone: _____
Work Phone: _____
Email: _____
2nd Guardian Name: _____
Relationship to Student: _____
Cell Phone: _____
Work Phone: _____
Email: _____
****Phone for Alert Messages:** _____

FAMILY 2

Mailing Address: _____
City, St, Zip: _____
Home Phone: _____
1st Guardian Name: _____
Relationship to Student: _____
Cell Phone: _____
Work Phone: _____
Email: _____
2nd Guardian Name: _____
Relationship to Student: _____
Cell Phone: _____
Work Phone: _____
Email: _____
****Phone for Alert Messages:** _____

****Alert System** will be used to contact you in case of emergencies, events or information.

List two contact persons who will assume temporary care of your child if you cannot be reached.

1. Name: _____ Relationship to Student: _____
Telephone: _____ Cell Phone: _____
2. Name: _____ Relationship to Student: _____
Telephone: _____ Cell Phone: _____

Known medical conditions of student (allergies, seizures, disabilities, etc.): _____

List medications student is taking (you may need to update throughout the year):

In case of emergency, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the contact persons listed above and/or seek medical attention as deemed necessary.

Signature of Parent/Guardian: _____ **Date:** _____