

Macario Garcia Middle School

Emergency Contact Update Form

STUDENT NAME: _____
GRADE: _____ STUDENT ID: _____

CONTACT TO ADD

NAME: _____
RELATIONSHIP: _____
PHONE: _____
EMAIL ADDRESS: _____

CONTACT TO ADD

NAME: _____
RELATIONSHIP: _____
PHONE: _____
EMAIL ADDRESS: _____

CONTACT TO REMOVE

NAME: _____
RELATIONSHIP: _____
PHONE: _____
EMAIL ADDRESS: _____

Acknowledgement Statement and Parent/Legal Guardian Signature

I confirm by my signature below that the information listed above is correct and true.

Signature of parent/legal guardian: _____
Print name: _____
Date: _____

FOR CAMPUS USE ONLY

CAMPUS VERIFIED Address <input type="checkbox"/> Documents <input type="checkbox"/> Parent ID <input type="checkbox"/> DATE/INITIAL _____	COMMENTS
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