

## Mercy High School Emergency Verification Form 2017-18

\*\*\*Please update, sign and turn in on Marlin Business Day, August 21, 2017.  
Students without this form will be held from attending class. Only one form is needed per family.

<b>Student's Name:</b> First	Last	Grade
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<b>Sisters:</b> (also attending Mercy) First	Last	Grade
First	Last	Grade

<b>Address:</b> (# & Street)	City	Zip
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<b>Phone:</b> Home	Student Cell	Mom's Cell	Dad's Cell
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Student cell numbers will be used by school personnel for emergencies only. Parent initial for approval \_\_\_\_\_

<b>For State Reporting:</b> Ethnicity	Religion	School District student resides in:
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**Student Lives with:** (PLEASE CHECK)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Both Parents   | <input type="checkbox"/> Shared (Mother and Father) | <input type="checkbox"/> Mother Only       |
| <input type="checkbox"/> Father Only    | <input type="checkbox"/> Mother/Stepfather          | <input type="checkbox"/> Father/Stepmother |
| <input type="checkbox"/> Grandparent(s) | <input type="checkbox"/> Guardian                   | <input type="checkbox"/> Other _____       |

**Mother/Guardian**

First Name	Last Name	Employer	Work Phone
E-mail		Mercy Graduate?	Graduation Year:

If different than student's address above:

<b>Address:</b> # & Street	City	Zip
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**Father/Guardian**

First Name	Last Name	Employer	Work Phone
E-mail			

If different than above:

<b>Address:</b> # & Street	City	Zip
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**Double Mailing Information** (Please complete if a double mailing is needed)

Who should receive the double mailing?	Address	City, State	Zip
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**PERMISSION FOR PERSONS, OTHER THAN THE BIOLOGICAL PARENT, TO VIEW STUDENT INFORMATION** (grades, attendance record, release from school, etc...):

I authorize Mercy High School to provide information to the step-parent, grandparent, other adult (NAME) \_\_\_\_\_ and CONTACT INFORMATION \_\_\_\_\_, regarding the child(ren) listed above, and to release the child, as well, to the same extent as the school does to the parent.

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SIGNATURE\_\_\_\_\_  
PRINT NAME\_\_\_\_\_  
DATE

Are there changes to child custody orders for which the school should be notified? Yes \_\_\_\_ No \_\_\_\_ (please check)

**EMERGENCY CONTACT INFORMATION:** (Parents/Guardians will be contacted first. In the event a parent or guardian is not available please provide additional emergency contacts)

1st Contact Name	Relationship to student:	Cell Phone	Work/Home Phone
2nd Contact Name	Relationship to student:	Cell Phone	Work/Home Phone

\*\*\*\*Is there any pertinent medical information the school should be aware of? Yes \_\_\_\_ No \_\_\_\_

If yes, please describe here: \_\_\_\_\_

I verify the information above is correct. In case of serious illness or accident, I hereby authorize the school authorities to use their best judgement on behalf of my daughter.

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SIGNATURE\_\_\_\_\_  
PRINT NAME\_\_\_\_\_  
DATE