

# Student Emergency Information

**Lakeview School**  
 10 Oak Drive - Roosevelt Park  
 Edison, NJ 08837  
 Phone 732-549-5580 Fax 732-494-6038  
 Lauren Bell

*Student's Name:* \_\_\_\_\_

**Date of Birth** \_\_\_\_\_  Male  Female

**Date Enrolled** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Classroom** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Immunization Exempt** \_\_\_\_\_

**Mobile Phone** \_\_\_\_\_

**Classification** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**District Name** \_\_\_\_\_

**\*\*Student Contacts (Please list Parents/Guardians and two emergency contacts) \*\***

Relation to Child	<input type="text"/>	drop off	<input type="text"/>	Allowed to pickup	<input type="text"/>	Contact Order	<input type="text" value="1"/>
Title, First, M, Last, Suffix	<input type="text"/>				<input type="text"/>		<input type="text"/>
Address	<input type="text"/>						
City St Zip	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>						
Primary Phone #	<input type="text"/>	Work #	<input type="text"/>				
Home Phone #	<input type="text"/>	Mobile #	<input type="text"/>				

Relation to Child	<input type="text"/>	drop off	<input type="text"/>	Allowed to pickup	<input type="text"/>	Contact Order	<input type="text" value="2"/>
Title, First, M, Last, Suffix	<input type="text"/>				<input type="text"/>		<input type="text"/>
Address	<input type="text"/>						
City St Zip	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>						
Primary Phone #	<input type="text"/>	Work #	<input type="text"/>				
Home Phone #	<input type="text"/>	Mobile #	<input type="text"/>				

Relation to Child	<input type="text"/>	drop off	<input type="text"/>	Allowed to pickup	<input type="text"/>	Contact Order	<input type="text" value="3"/>
Title, First, M, Last, Suffix	<input type="text"/>				<input type="text"/>		<input type="text"/>
Address	<input type="text"/>						
City St Zip	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>						
Primary Phone #	<input type="text"/>	Work #	<input type="text"/>				
Home Phone #	<input type="text"/>	Mobile #	<input type="text"/>				

Relation to Child	<input type="text"/>	drop off	<input type="text"/>	Allowed to pickup	<input type="text"/>	Contact Order	<input type="text" value="4"/>
Title, First, M, Last, Suffix	<input type="text"/>				<input type="text"/>		<input type="text"/>
Address	<input type="text"/>						
City St Zip	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>						
Primary Phone #	<input type="text"/>	Work #	<input type="text"/>				
Home Phone #	<input type="text"/>	Mobile #	<input type="text"/>				

**Note to school:** \_\_\_\_\_

**\*\* IF THERE IS NO ONE AT HOME OR THE EMERGENCY DROP-OFF, THE BUS DRIVER IS INSTRUCTED TO BRING THE STUDENT TO HIS/HER HOME SCHOOL DISTRICT OR THE NEAREST POLICE STATION**