

Al Rahmah College Prep Academy

Student Emergency Contact

Annual Student Information Review for School Year 2024-2025

No Changes for 2024-2025

First Name _____ Last Name _____ Grade _____

Address _____

Date Of Birth _____

To change the address, proof of residency is required. Contact your school for more information.

Siblings (attending Al Rahmah College Prep Academy (ARCPA), Al Rahmah School (ARS), and Al Rahmah Nursery (ARN))

Name	Relationship	School	Reside with student (yes or no)
			Yes No
			Yes No
			Yes No

Primary Guardian Contact: Contact in the event of a student absence, school closing or other emergency.

Primary Guardian Name:	Phone Numbers	Home, Cell, Work	Receive Texts? (Y/N)
Guardian Relationship:			
Resides with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address:			
City, State, Zip Code:			
Email:			

In addition to emergency notifications, the contact listed above may receive calls, emails, texts, and pre-recorded messages regarding non-emergent information. Non-emergent information is that which does not pertain to a school closing, medical or safety emergency. Non-emergent information includes, but it is not limited to: school calendar updates, student testing reminders, Superintendent's messages, school activities, and notifications pertaining to your student's daily activities, school responsibilities or events.

If you would like non-emergent notifications to be sent to a different number, please specify below:

Non-Emergent Number:	Ext:	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell	Receive Texts? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Secondary Guardian Contact: Contact to be called if primary guardian contact cannot be reached.

Secondary Guardian Name:	Phone Numbers	Home, Cell, Work	Receive Texts? (Y/N)
Guardian Relationship:			
Resides with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address:			
City, State, Zip Code:			
Email:			

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Student First Name _____ Student Last Name _____

In case of an incident or serious illness, school staff will contact a parent/guardian. In the event parents/guardians cannot be reached, please list people that may be contacted to pick up your student if necessary. If a parent/guardian or additional contact cannot be reached in a medical emergency, school staff will contact the child's physician/dentist listed on the health form. School staff may also make necessary arrangements, including calling an ambulance and transporting your student to the hospital.

NOTE: All early dismissals must be approved by a parent/guardian in writing.

Additional Contacts: People to whom student can be released from school.

Name	Relationship	Telephone	Home, Work, Cell

Secondary students with cell phones may opt to receive text messages from the automated calling system in a school emergency. If you would like your student to receive emergency text notifications, please list the student's cell phone number below.

Student Cell Phone Number: () _____

NOTE: All parties that provide telephone numbers may receive calls or text messages from the automated calling system in a school emergency. Message and data rates may apply.

Does the student have a parent/guardian on full-time duty in the active military services of the United States or on full-time National Guard duty? Yes No

NA
NA
NA

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Student First Name _____ Student Last Name _____

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child, UNLESS a parent has a court order that indicates otherwise. The school MUST HAVE A COPY OF THE CURRENT COURT ORDER on file.

I have provided the school with legal papers for the student.

NOTE: *Legal papers include custody papers, protective and/or peace orders, and other court orders.*

I certify all information on this form is correct and up-to-date. _____ / ____ / ____
Parent/Guardian Signature Date