TRINITY CATHOLIC SCHOOL
2022-2023 School Year

Emergency Contact Information & Authorization to Release

Family Name:_____   Home Phone: _____

Address: _____   Mom's Cell #: _____

_____   Dad's Cell #: _____

Student's Name:

_____   Grade: _____

_____   Grade: _____

_____   Grade: _____

Father's Name: _____   Work Phone:_____

Mother's Name: _____   Work Phone:_____

Emergency Contact: (Other than parent)

Name:_____   Relationship:_____

Phone: _____

Name:_____   Relationship:_____

Phone: _____

Authorized for release only to the following individual(s) (other than parent) listed below:

_____   _____

_____   _____

_____   _____

_____   Date: _____
            Signature