

Student ID# _____

Frazier School District

142 Constitution Street

Perryopolis, PA 15473

FAX (724) 736-0688

2020-2021

REGISTRATION FORM – EMERGENCY INFORMATION (List someone other than the Parents/Guardians)

Student Last Name _____ Student First Name _____

EMERGENCY CONTACT:

Name _____ Relationship: _____

Phone #: Home _____ Cell _____ Work _____

EMERGENCY CONTACT:

Name _____ Relationship: _____

Phone #: Home _____ Cell _____ Work _____

EMERGENCY CONTACT:

Name _____ Relationship: _____

Phone #: Home _____ Cell _____ Work _____

PROVIDER INFORMATION:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital: _____ Phone: _____

Insurance: _____

*Parent / Guardian (SIGNATURE REQUIRED)