

**St. Frances de Chantal Parish School  
Emergency Phone Relay 2008-2009**

***As relays are conducted by class, please fill out a separate sheet for each child attending SFdC.***

The information provided on this sheet is considered confidential and will only be utilized by authorized personnel for emergency reasons.

STUDENT'S NAME \_\_\_\_\_

STUDENT'S CLASS \_\_\_\_\_

**Please indicate your choice**

\_\_\_\_\_ Please include my information and phone numbers on the Emergency Phone Relay for my child's class. In the event of an emergency, or school closing, I understand that this information may be utilized by school or rectory staff or a designated class parent representative.

Home phone number \_\_\_\_\_

Cell phone number \_\_\_\_\_

Work number \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_  
Parent's/Guardian's signature

\_\_\_\_\_  
Parent's/Guardian's name

**OR**

\_\_\_\_\_ I **do not** wish to provide information for the Emergency Phone Relay System. I understand that by choosing to not participate in this system I may not hear of important emergency or school closing information.

\_\_\_\_\_  
Parent's/Guardian's signature

\_\_\_\_\_  
Parent's Guardian's name