

## EMERGENCY INFORMATION CARD 2021-2022

**Please Print:** \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_

Address \_\_\_\_\_ Home Tel. \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Birth Date \_\_\_\_\_

Where parents can be reached between 7:30 AM – 3 PM (work #):

Mother: \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_

Father: \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_

Mother/Guardian E-Mail \_\_\_\_\_

Father/Guardian E-Mail \_\_\_\_\_

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

2. Name \_\_\_\_\_ Tel. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

3. Name \_\_\_\_\_ Tel. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Date \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of parent or guardian \_\_\_\_\_

Remarks: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Conditions: \_\_\_\_\_

Local Physician's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Office Tel. No. \_\_\_\_\_ Other Tel No. \_\_\_\_\_



New Jersey Department of Education  
Office of Interdistrict Choice and Nonpublic Schools

Individual Student Request Form for Loan of Textbooks

Date: \_\_\_\_\_

**Public School Information**

Public School District: Wayne Board of Education

Street Address: 50 Nellis Drive

City: Wayne State: NJ Zip Code: 07470

**Nonpublic School Information**

Nonpublic School: DePaul Catholic High School

Street Address: 1512 Alps Road

City: Wayne State: NJ Zip Code: 07470

**Student Information**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

**Parent/Guardian Certification**

Under the provisions of N.J.S.A. 18A: 58-37.1 et seq., I hereby request

Wayne Board of Education to loan textbooks to the  
(Public School District)

DePaul Catholic High School in which my child is enrolled.  
(Nonpublic School)

I certify that my above-named child and I are residents of the State of New Jersey. I understand that the public school district in which the nonpublic school is located has oversight of the State funds designated for providing the loan of textbooks to nonpublic school students pursuant to law and regulations.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_