

Charter School Emergency Contact Information

School Name: _____

Administrator/Principal:

Name: _____

Home Address: _____

Home Telephone: _____ Cellular: _____

Other: _____

Chairperson:

Name: _____

Home Address: _____

Home Telephone: _____ Cellular: _____

Other: _____

Parent Representative:

Name: _____

Position/Title: _____

Home Address: _____

Home Telephone: _____ Cellular: _____

Other: _____

Additional Contact:

Name: _____

Position/Title: _____

Home Address: _____

Home Telephone: _____ Cellular: _____

Other: _____

Name of School Administrator

Signature

Date