

Hope Academy Home of the Eagles

Emergency Contact Card

Student Name _____

DOB _____/_____/_____ SS# _____

Address _____

Phone # _____(_____)_____

Email Address _____

Mother's Name _____ Phone # _____

Father's Name _____ Phone # _____

Emergency Contacts (if parents or guardians cannot be reached):

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Student Signature