

JOHN F. HUGHES SCHOOL
24 Prospect Street
Utica, New York 13501

Mrs. JoAnn Russo
Principal

(315) 792-2165

CHANGE OF ADDRESS / EMERGENCY CONTACT

Date: _____
Form Received

Dear Parents or Guardians:

Please complete this form so that we may keep this on file for you child. If this information should change during the year, please notify us.

Last Name _____	First Name _____ Sex _____
Address _____	Telephone Number _____
Birth date _____	Age _____ As of August 30 th
Mother's Name _____	Father's Name _____
Occupation _____	Occupation _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____

Emergency Telephone Numbers (In case we cannot reach you at home or work)

1. Name of Person _____
Relation to Child _____
Telephone Number _____

2. Name of Person _____
Relation to Child _____
Telephone Number _____

Babysitter's Name _____
Address _____
Telephone Number _____

Other children (in school) in the family
Name _____ Age _____ School _____
Name _____ Age _____ School _____
Other children (at home) in the family
Name _____ Age _____ Name _____ Age _____

Important Medical Information:

The Utica City School District is an equal opportunity organization that does not discriminate on the basis of race, creed, sex, age, handicapping condition or national origin in admission or access to, or treatment or employment in, programs and activities.