



<< Student and Guardian Contact Information >>

Student Name: _____ Gender: _____

Home School District: _____ Date of Birth: _____

Home Address: _____

Home Phone Number: _____ Student Email(s): _____

Guardian 1 Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Employer: _____

Work Phone: _____

Guardian 2 Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Employer: _____

Work Phone: _____

<< Emergency Contact >>

Person to be contacted if parent is unavailable in an emergency and with whom you have made PREVIOUS ARRANGEMENTS to pick up or care for your child in case of illness, injury or school closing. **Note:** If you share custody please include secondary guardian addresses here.

1. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail: _____

2. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail: _____

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OSWEGO COUNTY P-TECH

179 County Route 64

Mexico, NY 13114

P: 315.963.4248

PTECH@CITiboces.org

3. Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ E-Mail: _____

4. Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ E-Mail: _____

5. Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ E-Mail: _____

6. Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ E-Mail: _____

7. Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ E-Mail: _____

8. Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ E-Mail: _____