



Executive Director, Natalie Lozada
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1529 Williamsbridge Road, Bronx, NY 10461
<https://havencharterhighschool.org>

Haven Charter High School Emergency Contact Card

SCHOOL YEAR 202__ to 202__

Student: Last Name _____ First _____ MI ____ DOB _____
Sex ____ ID# _____ Grade: _____

Parent/Guardian (Student resides with) _____ Relationship _____

Parents' Preferred Language of Communication:

Written: _____ Oral: _____

Home Telephone: () _____ Work Telephone: () _____

Cell #: () _____ E-mail: _____

Address _____ Apt. _____

Borough _____ ZIP _____

Other Parent/Guardian: _____ Relationship _____

Parents' Preferred Language of Communication:

Written: _____ Oral: _____

Home Telephone () _____ Work Telephone () _____

Cell # () _____ E-mail _____

Address _____ Apt: _____

Borough _____ ZIP _____

List below the names of three (3) persons who may be called in case of emergency or if your child is sick in school.

CHILD WILL BE RELEASED ONLY TO PERSONS NAMED ON THIS CARD.

Emergency Contact #1

Name _____ Telephone () _____

Relationship _____

Emergency Contact #2

Name _____ Telephone () _____

Relationship _____



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Emergency Contact #3

Name _____ Telephone () _____

Relationship _____

If there is a person who may **NOT HAVE ACCESS** to child, please indicate. Legal documentation must be on file.

Name _____ Relationship _____

Order of Protection Exists? Yes _____ No _____

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent as indicated above will be respected as far as possible.

The principal will be notified in writing of any changes to information on this card.

Parent/Guardian Signature: _____ Date: _____

Main Office Only:

(Please do not write in this section)

Received by: _____ Date: _____