



**Executive Director, Natalie Lozada**  
347-218-6880 \* [info@havenhs.org](mailto:info@havenhs.org)  
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: \_\_\_\_\_