

HOLYOKE COMMUNITY CHARTER SCHOOL

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EMERGENCY FORM "2021-2022"

			Date		
Print Please		Grade/Section			
Student's Name_				Date of Birth//	
	LAST	FIRST	MIDDLE		
Student's Address	S				
		1	O. STREET		
TOWN			ZIP CODE		
Parent 1/ Guardian Name (PRINT)			Home Phone		
Home Address					
Cell Phone			Work Phone		
Parent Signature					
Parent 2/ Guardian Name (PRINT)				Home Phone	
Home Address					
Cell Phone			Work Phone		
Parent Signature_					
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		<u>D PHONE NU</u>	JMBER OF	RELATIVE OR FRIEND WI	
MAY CONTAC	<u>T.</u>				
Name:					
Name:					
Relationship:			Phone:		

Holyoke Community Charter School does not discriminate on the basis of race, color, sex, gender identity, religion, national origin, sexual orientation, creed, ethnicity, gender, mental or physical disability, age, ancestry, athletic performance, special need, proficiency in the English language or a foreign language, homelessness, or prior academic achievement. 603 CMR 1.06(I)