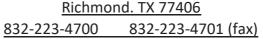


## **Adolphus Elementary**

## <u>Lamar CISD</u> 7910 Winston Ranch Parkway Richmond. TX 77406





## **Emergency Contact Information Update**

Student Name:		Grade:		_
Please add this er	nergency contact:			
(First Name)		(Last Name)		_
Telephone Number	er:			_
	Relat	tionship to Student: (check one)		
□ Stepmother □ Grandmother □ Grandfather	□ Uncle □ Brother □ Sister	□ Cousin □ Guardian □ Friend □ Foster Parent  ned person to pick up	□ Other	
Parent Printed Nam	e:			
Parent Signature				
Contact Number: _				
Student's Homeroo	m Teacher			
	FOI	R SCHOOL USE ONLY		
Clerk's Initials		Date Received		