

# Christ Classical Academy

## School Cast Contact Information Form

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Parent(s) Name** \_\_\_\_\_

In the case of an emergency (school closure, early dismissal), please use the following contact information. (You may fill-in as many of the contact methods as you choose from the options below).

Home Phone \_\_\_\_\_ Cell Phone 1 \_\_\_\_\_

Cell Phone 2 \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

In non-emergency situations, please use the following contact information: (You may fill-in as many of the contact methods as you choose from the options below).

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_