

**Lisbon School Department
EMERGENCY INFORMATION**

Advocacy Rm: _____

Student Name: _____ Home Phone: _____

Grade _____ Gender _____ Ethnicity _____

Legal residence: _____

Street _____ City _____ State _____ Zip _____

Mailing Address: _____

Street PO. Box) _____ City _____ State _____ Zip _____

Birth Order: _____ DOB: _____ City/Town: _____ State: _____ County: _____

Name of person(s) who have legal custody of child: _____

Relationship to child: _____

EMERGENCY CONTACTS

Parent/Guardian: _____ Parent/2nd contact: _____

Relationship to child: _____ Relationship to child: _____

Home Phone: _____ Home Phone: _____

Cell or Page #: _____ Cell or Page #: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Place of employment: _____ Place of employment: _____

Work Phone: _____ Work Phone: _____

Email address: _____ Email address: _____

Please list two nearby relatives or neighbors who will assume temporary care of your child if you cannot be reached.

Name: _____ Name: _____

Relationship to child: _____ Relationship to child: _____

Home Phone: _____ Home Phone: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Cell or Page #: _____ Cell or Page #: _____

Birth Mother's Maiden Name: _____

Siblings and DOB: _____

How does your child get to and from school? I will transport _____ Bus _____ Where: Daycare _____ Home _____

Daycare provider: _____ Address: _____ Phone: _____

Emergency Procedure: We **will not** have access to phones, where will your child go if we have to dismiss school or evacuate the building? Home: _____ Address if different from above: _____ What bus #: _____

Other: _____ Address: _____

Children will **not** be released to person(s) unidentified by us. Please list any person(s) to whom you **DO NOT** wish your child released to: _____

Date: _____ Signature of parent/guardian (in ink): _____

Note: It is the parent's responsibility to notify the school of changes in this information.

SEE REVERSE SIDE

Lisbon School Department

Your answers below will help determine if the student meets the eligibility requirements for services under the McKinney-Vento Act.

Student Name: _____

Parent/Guardian: _____

Address: _____

Is this address: _____ Temporary _____ Permanent

Please choose which of the following situations the student currently resides in (you can choose more than one):

_____ House or apartment with parent or guardian

_____ Motel, car, or campsite

_____ Shelter or other temporary housing

_____ With friends or family members (Other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

_____ Loss of housing

_____ Economic situation

_____ Temporarily waiting for house or apartment

_____ Providing care for a family member

_____ Living with boyfriend/girlfriend

_____ Loss of employment

_____ Parent/Guardian is deployed

_____ Other (please explain): _____

Are you a student under the age of 18 and living apart from your parents or guardians?

_____ Yes _____ No

Housing and Education Rights

1. Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment with fear of being separated or treated differently due to their housing situations.
2. Transportation to the school of origin for the regular school day.
3. Access to free meals, Title I, and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison, Kathy Martin, at 207-375-4273 or the state coordinator at 207-624-6637.

By signing below, I acknowledge that I have received and understand the above rights:

Signature of Parent/Guardian/Unattached Youth

Date