

**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/2<sup>nd</sup> 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

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

Student \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Is this address Temporary or Permanent? (Please circle one)

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
- \_\_\_\_\_ Provide 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 Educational Rights

Students without fixed, regular, and adequate nighttime residences have the following 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, John Merrifield, at 207-353-6711 or the State Coordinator at 207-624-6637.

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

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Signature of Parent/Guardian/Unattached Youth

Date