

Aviston Elementary 2017-2018
School Messenger – Emergency contact information

STUDENT NAME(S): _____

Parent/Guardian information

Name: _____ **Priority 1**

Phone: _____

E-mail: _____

General Information Non-School Emergency School Hours Emergency

Name: _____ **Priority 2**

Phone: _____

E-mail: _____

General Information Non-School Emergency School Hours Emergency

Name: _____ **Priority 3**

Phone: _____

E-mail: _____

General Information Non-School Emergency School Hours Emergency

Name: _____ **Priority 4**

Phone: _____

E-mail: _____

General Information Non-School Emergency School Hours Emergency

Name: _____ **Priority 5 (no e-mail)**

Phone: _____

General Information Non-School Emergency School Hours Emergency