

# MOUNT VERNON COMMUNITY SCHOOL DISTRICT

## Faculty & Staff Emergency Contact Information

### PRIMARY RESIDENCE

Your name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

Home Phone with Area Code \_\_\_\_\_ Cell Phone with Area Code \_\_\_\_\_

### EMERGENCY CONTACT #1

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone with Area Code \_\_\_\_\_ Cell Phone with Area Code \_\_\_\_\_

Work Phone with Area Code \_\_\_\_\_

### EMERGENCY CONTACT #2

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone with Area Code \_\_\_\_\_ Cell Phone with Area Code \_\_\_\_\_

Work Phone with Area Code \_\_\_\_\_