



JOSHUA CHRISTIAN ACADEMY

UPDATED STUDENT INFORMATION

Name of Student _____ Grade _____

Address: _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Cell Phone Carrier _____

In case of accident or illness and I cannot be reached, who should be notified?
Names and addresses of emergency contacts:

1. _____
Name Phone

2. _____
Name Phone

3. _____
Name Phone

Please indicate names of person(s) who is authorized to pick up my child from school. Please update this list if changes occur during the school year.

Names and addresses of person(s) authorized to pick up child from Joshua Christian Academy:

1. _____
Name Phone

2. _____
Name Phone

3. _____
Name Phone

4. _____
Name Phone

Signature of Parent: _____ Date: _____