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Principal: Tamara Allen

## Student Emergency Card / Demographics

### Student Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

District: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Gender:  M  F

Ethnicity:  African-American (non-Hispanic)  Caucasian (non-Hispanic)  American Indian  
 Multi-Racial / Ethnic Other  Hispanic  Asian or Pacific Islander

### Parent/Guardian Information:

**Parent/Guardian:** Does this student reside with this contact?  Yes  No

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Method of Contact (choose one):  Home Phone  Cell Phone  Work Phone  Email

**Parent/Guardian:** Does this student reside with this contact?  Yes  No

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Method of Contact (choose one):  Home Phone  Cell Phone  Work Phone  Email

### Emergency Contact 1

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Emergency Contact 2

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Emergency Contact 3

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_