



# Emergency Contact Form

(This contact form will be given to classroom teachers so that they can contact you as needed.)

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent(s)/Guardian's Name and phone number:

_____	_____
_____	_____
_____	_____

Email addresses for school/classroom information:

_____
_____
_____

In an Emergency, please contact the following people in the order they are listed:

Name	Phone Number	Alternate Phone Number

Sussex Montessori School

(302) 404-5367

24960 Dairy Lane, Seaford, DE 19973

[www.sussexmontessoricharter.com](http://www.sussexmontessoricharter.com)