



IRVINGTON PUBLIC SCHOOLS
Mount Vernon Avenue School

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Mt. Vernon Avenue School
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Emergency Contact Form

Please complete and return to the main office whenever there is a change in your address, phone, or persons authorized to pick up your children.

Student's Name: _____ D.O.B. _____ Grade: _____

Home Address: _____

Home#: (____) _____ Cell#: (____) _____

Mother's Name: _____/Email: _____

Father's Name: _____/Email: _____

First Contact in Case of Emergency: *must have valid id for pick-up*

Name: _____ Relationship: _____

Authorized to pick –up child: _____ **Yes** _____ **No**

Cell#: (____) _____ Work#:(____) _____ Home#:(____) _____

Second Contact in Case of Emergency: *must have valid id for pick-up*

Name: _____ Relationship: _____

Authorized to pick –up child: _____ **Yes** _____ **No**

Cell#: (____) _____ Work# :(____) _____ Home#:(____) _____

Third Contact in Case of Emergency: *must have valid id for pick-up*

Name: _____ Relationship: _____

Authorized to pick –up child: _____ **Yes** _____ **No**

Cell#: (____) _____ Work#:(____) _____ Home#:(____) _____

Any Known Medical Conditions/Allergies of Which We Should Be Aware:

Parent/Guardian Signature: _____ **Date:** _____

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Success, Ownership, Attitude, Respect