

# Student Emergency Contact

## Wilco Area Career Center

500 Wilco Blvd. • Romeoville, IL 60446 • 815.838.6941 • Fax: 815.838.1163

**PLEASE PRINT IN BLACK INK. All information is Required**

- Male  
 Female  
 Non-binary

Student's Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First)

Student's Home Address \_\_\_\_\_ Student's Program Choice \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Primary Language spoken in the home? \_\_\_\_\_

Student lives with:  Mother/Guardian  Father/Guardian

### Student's Home School

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Plainfield Central | <input type="checkbox"/> Plainfield South | <input type="checkbox"/> Plainfield North |
| <input type="checkbox"/> Bolingbrook        | <input type="checkbox"/> Romeoville       | <input type="checkbox"/> Plainfield East  |
| <input type="checkbox"/> Reed-Custer        | <input type="checkbox"/> Wilmington       | <input type="checkbox"/> Lemont           |
| <input type="checkbox"/> Lockport           | <input type="checkbox"/> Plfd. Academy    | <input type="checkbox"/> Phoenix          |
| <input type="checkbox"/> Other: _____       |   |   |

Student Email \_\_\_\_\_

Student Birth Date \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

### Mother / Guardian Information

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

### Father / Guardian Information

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

**Nondiscrimination Statement:** It is the policy of the Wilco Area Career Center not to discriminate in its educational programs, activities, or employment policies with regard to race, color, sex, national origin, or handicap.

### TO BE COMPLETED BY COUNSELOR FROM HOME SCHOOL (Please check all that apply.)

The State requires the following information for program funding purposes.

- |   |   |
|---|---|
| <input type="checkbox"/> Alaskan Native / American Indian | <input type="checkbox"/> Academically Disadvantaged |
| <input type="checkbox"/> Asian America / Pacific Islander | <input type="checkbox"/> Economically Disadvantaged |
| <input type="checkbox"/> Black – Non Hispanic             | <input type="checkbox"/> 504 Accommodation          |
| <input type="checkbox"/> Hispanic                         | <input type="checkbox"/> This student has an IEP    |
| <input type="checkbox"/> White – Non-Hispanic             |   |

#### Year of Graduation:

- 2021  
 2022  
 2023  
 \_\_\_\_\_

#### Session Preference

- Session I  
 Session II  
 Session III

Has Student had a career assessment?  NO  YES – If yes, which one? \_\_\_\_\_

Counselor's Name: \_\_\_\_\_ Counselor's Signature: \_\_\_\_\_

### EMERGENCY INFORMATION (NOTE: Parents/Guardians are always first contact in case of illness or emergency.)

Please list two additional contacts in the event we are unable to contact the parent/guardian.

1<sup>st</sup> Emergency Contact Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

2<sup>nd</sup> Emergency Contact Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

Is your student allergic to any medication?  NO  YES If yes, which ones? \_\_\_\_\_

Does your student wear contact lenses?  NO  YES

Does your student have any physical disabilities?  NO  YES If yes, please list them: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

I authorize Wilco Area Career Center to take action in case of emergency – Parent/Guardian's Signature: \_\_\_\_\_