



**St. Matthew Catholic School**  
**10703 Wurzbach Rd.**  
**San Antonio, Texas 78230**  
**(210) 478-5099 Fax: (210) 689-7624**  
[www.smcssa.org](http://www.smcssa.org)



## **Change of Address/Phone/E-Mail/Text Emergency Contact Information**

Fill out a form to change your address, phone number, e-mail, or to add/ delete someone as an Emergency Contact. **Bring the completed form to the office.**

### **Parent(s):**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
                     Last  First

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
                     Last  First

### **Child/Children**

Name	Grade	Name	Grade
------	-------	------	-------

\_\_\_\_\_  
 Last                    First

\_\_\_\_\_  
 Last                    First

\_\_\_\_\_  
 Last                    First

\_\_\_\_\_  
 Last                    First

### **Address Change:**

---

House # and Street	City/State	Zip
--------------------	------------	-----

### **Phone # Change:**

---

Home: (Area Code) Number	Cell: (Area Code) Number	Work (Area Code) Number
--------------------------	--------------------------	-------------------------

**E-Mail Address:** \_\_\_\_\_

# Emergency Contacts -----Please add the following names to the emergency contact list. I authorize the following individual (s) to pick up the child/children listed above.

_____	_____	_____
Last Name	First Name	Relationship to the child
_____	_____	_____
Home: (Area Code) Number	Cell: (Area Code) Number	Work (Area Code) Number

_____	_____	_____
Last Name	First Name	Relationship to the child
_____	_____	_____
Home: (Area Code) Number	Cell: (Area Code) Number	Work (Area Code) Number

_____	_____	_____
Last Name	First Name	Relationship to the child
_____	_____	_____
Home: (Area Code) Number	Cell: (Area Code) Number	Work (Area Code) Number

**Please REMOVE the following individuals from the emergency contact list: \***

_____	_____	_____
Last Name	First Name	Relationship to the child
_____	_____	_____
Home: (Area Code) Number	Cell: (Area Code) Number	Work (Area Code) Number

_____	_____	_____
Last Name	First Name	Relationship to the child
_____	_____	_____
Home: (Area Code) Number	Cell: (Area Code) Number	Work (Area Code) Number

*\*Note that removal from the emergency contact list due to legal custody arrangements must be accompanied by a copy of the court-ordered custodial documentation.*

Signature: \_\_\_\_\_