



Encore Educational Institute, LLC.

(EEI)

Site Assignment: _____ District: _____

Emergency Information

Please complete this form and return it to the lead teacher or to the site coordinator.

Name of Employee _____

Home Address _____

Mailing Address _____

(if different) _____

In case of emergency, please notify

Name _____

Address _____

Telephone # (Day) _____

Telephone # (Evening) _____

Relationship _____

() I do not wish for anyone to be notified in case of an emergency.

If any of this information changes, please notify the office immediately.

Signature

Date
