

Emergency Contact Information

Name: _____
 Title First Name Middle Name Last Name

Relationship to Student: _____ Place of Employment: _____

Home Phone Number: _____ Business Phone Number: _____ Ext. _____

Cellular Phone Number: _____ E-Mail Address: _____

Address (if different from student): _____
 Number Street Name Apt.# City Province/State Postal Code/ZIP

FOR OFFICE USE ONLY

I authorize the disclosure of the information on this form to the **North Bay & District Multicultural Centre** for referral and on-going follow-up. YES NO

Student Signature: _____

Please submit this form to the **North Bay & District Multicultural Centre**
374 Fraser St (between Main St & McIntyre St)
Phone: 495-8931, Fax: 495-6747

Or, bring this form to the ESL class at **Chippewa Secondary School**,
539 Chippewa St W (off Cassells St)
Phone: 475-2341