



## ST. AUGUSTINE SCHOOL

381 NORTH HIGHLAND AVENUE  
OSSINING, NEW YORK 10562  
SR. MARY ELIZABETH DONOGHUE, O. P.  
PRINCIPAL

### ST. AUGUSTINE SCHOOL EMERGENCY CONTACT FORM 2023-2024

Family Name \_\_\_\_\_ Public School District \_\_\_\_\_

Student Name \_\_\_\_\_ Grade in Sept \_\_\_\_\_

Student Name \_\_\_\_\_ Grade in Sept \_\_\_\_\_

Student Name \_\_\_\_\_ Grade in Sept \_\_\_\_\_

Student Name \_\_\_\_\_ Grade in Sept \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Family email address *for all official communications-TADS, IRIS Alerts Main Office Communiques:*

Contact Phone Number *this is the PRIMARY number that the IRIS automated phone alerts will call announcing delays, school cancellations, emergencies, reminders and announcements.*

**USUAL method  
for Dismissal**

\_\_\_\_\_ Bus # \_\_\_\_\_

\_\_\_\_\_ Pickup

\_\_\_\_\_ Other/Office

Doctor's Name \_\_\_\_\_ Doctor's Phone Number \_\_\_\_\_

Please fill in the **PHONE NUMBERS** in the PRIORITY Sequence you prefer for **EMERGENCY PURPOSES:**

First Phone Call \_\_\_\_\_ Contact Name \_\_\_\_\_ Relationship (ie Mother) \_\_\_\_\_

2nd Phone Call \_\_\_\_\_ Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

3rd Phone Call \_\_\_\_\_ Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

4th Phone Call \_\_\_\_\_ Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Office use only IRIS \_\_\_\_\_ TADS \_\_\_\_\_