

## Student Emergency Form 2024-2025

**Student Name :**

**APID :**

**Date :**

**Signature**

### **Emergency Form, Introduction**

Dear SJEDS Families,

Please take a moment to fill out the 2024-2025 Emergency Form. Please note, this form is a reference for the Front Office in case of any emergency.

Thank you,  
Christine Gosh  
Administrative Assistant

### **Emergency Form, Section 1**

#### **Section 1**

This information is for statistical use only. The School is required by its accrediting agencies, grant programs, scholarship verification authorities, and the Department of Education to furnish information reflected in the questions below. Your cooperation in helping us to achieve accuracy in reporting this information is essential. Please be assured that all information will be held confidential and is used for statistical purposes only.

1	ETHNIC ORIGIN	
2	COUNTRY OF CITIZENSHIP	
3	RELIGIOUS BELIEFS	

### **Confidential Student Statistics**

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