Student Emergency Contact

Wilco Area Career Center

500 Wilco Blvd. ● Romeoville, IL 60446 ● 815.838.6941 ● Fax: 815.838.1163

PLEASE PRINT IN BLACK INK. ***All information is Required***

❑ Male
❑ Female
❑ Non-binary

Student's Name (Last) (First)

Student's Home Address

Student's Program Choice

City Zip Code

Primary Language spoken in the home?

Student lives with: ❑ Mother/Guardian ❑ Father/Guardian

Student's Home School

❑ Plainfield Central ❑ Plainfield South ❑ Plainfield North
❑ Bolingbrook ❑ Romeoville ❑ Plainfield East
❑ Reed-Custer ❑ Wilmington ❑Lemont
❑Lockport ❑Plfd. Academy ❑Phoenix

❑ Other: _____

Student Email

_____/_____/_____
Student Birth Date

(_____)_____
Home Phone

(_____)_____
Cell Phone

Mother / Guardian Information

Name

Address

City Zip

(_____)_____
Home Phone

Place of Employment

(_____)_____ (_____)_____
Business Phone Cell Phone

Email Address

Father / Guardian Information

Name

Address

City Zip

(_____)_____
Home Phone

Place of Employment

(_____)_____ (_____)_____
Business Phone Cell Phone

Email Address

Nondiscrimination Statement: It is the policy of the Wilco Area Career Center not to discriminate in its educational programs, activities, or employment policies with regard to race, color, sex, national origin, or handicap.

TO BE COMPLETED BY COUNSELOR FROM HOME SCHOOL (Please check all that apply.)

The State requires the following information for program funding purposes.

❑ Alaskan Native / American Indian
❑ Asian America / Pacific Islander
❑ Black – Non Hispanic
❑ Hispanic
❑ White – Non-Hispanic

❑ Academically Disadvantaged
❑ Economically Disadvantaged
❑ 504 Accommodation

❑ This student has an IEP

Year of Graduation:
❑ 2024
❑ 2025
❑ 2026
❑ _____

Session Preference
❑ Session I
❑ Session II
❑ Session III

Has Student had a career assessment? ❑ NO ❑ YES – *If yes, which one?* _____

Counselor's Name: _____ Counselor's Signature: _____

EMERGENCY INFORMATION (NOTE: Parents/Guardians are always first contact in case of illness or emergency**.)**

Please list two additional contacts in the event we are unable to contact the parent/guardian.

1st Emergency Contact Name: _____ Daytime Phone: (_____)_____

2nd Emergency Contact Name: _____ Daytime Phone: (_____)_____

Is your student allergic to any medication? ❑ NO ❑ YES If yes, which ones? _____
Does your student wear contact lenses? ❑ NO ❑ YES
Does your student have any physical disabilities? ❑ NO ❑ YES If yes, please list them: _____

Doctor's Name: _____ Phone Number: (_____)_____

I authorize Wilco Area Career Center to take action in case of emergency – Parent/Guardian's Signature: _____

Revised 7/18/2023