

Colchester School District  
 Parent/Guardian Contact Information for the ALERTNOW Notification Service

UPDATE FORM

**Complete one Update Form per student. Return completed form to your child's school.**

1. **Emergency Notices will be sent to:** All phones and all E-mail addresses listed below.
2. **General Notices will be sent to:** The first number listed for Contact #1 (phone 1a) and Contact #2 (phone 2a) & the E-mail address for Contact #1 & #2.
3. **We cannot call:** Switchboards, pagers, or numbers that cannot be dialed directly. We cannot accommodate more than one E-mail address per person.

**-- Please Print All Information Legibly --**

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

List Contact Name & E-mail Address <i>Emergency notices sent to all E-mail addresses.</i>	List Relationship To Student <i>(mom, dad, etc.)</i>	List Telephone Number with Area Code <i>Emergency calls sent to all phones. General notices sent to phone 1a &amp; 2a only.</i>
<b>Contact #1</b>		<b>Type of Phone</b>
Name: _____		Phone 1a. _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
E-mail: _____ <i>For general &amp; emergency notices.</i>		<i>For general &amp; emergency notices.</i>
		Phone 1b. _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
		Phone 1c. _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
<b>Contact #2</b>		
Name: _____		Phone 2a. _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
E-mail: _____ <i>For general &amp; emergency notices.</i>		<i>For general &amp; emergency notices.</i>
		Phone 2b. _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
		Phone 2c. _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
<b>Contact #3</b>		
Name: _____		Phone 3a. _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
E-mail: _____		Phone 3b. _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
		Phone 3c. _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
<b>Contact #4</b>		
Name: _____		Phone 4a. _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
E-mail: _____		Phone 4b. _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
		Phone 4c. _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

**If you have any questions, please contact your school.**