



**SAN LUIS OBISPO COUNTY  
OFFICE OF EDUCATION**  
LEADERSHIP ■ COMMUNITY ■ SERVICE  
JAMES J. BRESCIA, Ed. D., SUPERINTENDENT

**EMERGENCY CONTACT INFORMATION**

**PERSONAL INFORMATION:**

**School Year: 2020-2021**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City/State/Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Position: \_\_\_\_\_ Work Site: \_\_\_\_\_

**EMERGENCY CONTACTS:**

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone(s): \_\_\_\_\_

**Please complete and return this form to your designated Executive Assistant/Administrative Assistant  
by September 30, 2020 or as soon as possible.**