



Lynden Christian Schools

Bellingham-Evergreen Campus: Preschool – 6th Grade
Lynden Campus: Preschool – 12th Grade

International Student Emergency Information

1. Student's Given name (as on Passport) _____
English name (if available) _____
Date of Birth _____
Passport (Country and #) _____
Driver's License (country/number) _____
Email: _____ Cell Phone: _____
2. Parent or Guardian name: _____
Parent or Guardian Address: _____

Home phone _____ Business phone _____
Cell phone _____
Parent or Guardian Email address: _____
3. Please provide the name and telephone number(s) of an English speaker who could help interpret in case of an emergency:

(Name) (Telephone and/or cell numbers)
4. Medical Insurance Company and Policy number: _____

(To Be Completed by U.S. Host Family)

5. Host family name/address: _____

Home phone _____ Business phone _____

Cell phone _____

Two additional Emergency phone numbers (and relation to host):

Family Physician Name: _____

Telephone Number: _____