



# Hull Public Schools

Office of the Superintendent  
18 Harborview Road, Hull, Massachusetts 02045  
781-925-4400 Fax 781-925-8042



## Staff Emergency Notification Form 2023-2024

Your Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Primary  
Phone: \_\_\_\_\_

Secondary  
Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Position: \_\_\_\_\_

School Location: \_\_\_\_\_

### PERSONS TO NOTIFY IN CASE OF EMERGENCY

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

Relationship: \_\_\_\_\_

Primary  
Phone: \_\_\_\_\_

Secondary  
Phone: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Primary  
Phone: \_\_\_\_\_

Secondary  
Phone: \_\_\_\_\_