



## Dr. John Winslow Elementary School Student Information Sheet

Please fill out and return to Winslow School ***immediately, so*** we are able to reach you in case of an emergency. Students must have one of these forms on file in the main office in order to participate in all after school activities and field trips throughout the school year.

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Bus #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
First Last

Home #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Father's Name: \_\_\_\_\_  
First Last

Home #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Are there any existing court orders regarding custody that you want us to be aware of: **YES** or **NO**

**\*If yes, please attach a copy of the current court order. A copy must be on file in the Main Office. Please contact the school with any changes during the school year to any of the information listed on this form.\***

Please list any allergies or medical problems the school nurse should be aware of:

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***Please Note: I understand the School Nurse, if necessary, will share this medical information with the appropriate school personnel responsible for my child during school hours.***

***Emergency Contacts:*** You are giving permission for your child to be picked up from school by the following people in case of an ***EMERGENCY*** or ***ILLNESS*** only. For non-emergencies pickups, we must have **in writing parental permission in advance**.

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

Home #: (    ) \_\_\_\_\_ - \_\_\_\_\_ Cell #: (    ) \_\_\_\_\_ - \_\_\_\_\_

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

Home #: (    ) \_\_\_\_\_ - \_\_\_\_\_ Cell #: (    ) \_\_\_\_\_ - \_\_\_\_\_

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

Home #: (    ) \_\_\_\_\_ - \_\_\_\_\_ Cell #: (    ) \_\_\_\_\_ - \_\_\_\_\_

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

Home #: (    ) \_\_\_\_\_ - \_\_\_\_\_ Cell #: (    ) \_\_\_\_\_ - \_\_\_\_\_

PLEASE CHOOSE A SECURITY PASSWORD FOR YOUR CHILD: \_\_\_\_\_

**PLEASE PRINT**

***Please be aware that when an individual is picking up your child during school hours they must have picture identification and know the child's password or we will not release the student to them.***

Parent Signature: \_\_\_\_\_