



STUDENT INFORMATION QUESTIONNAIRE
September 2014

3945 Matchette Rd.
Windsor, ON
N9C 4C2
School T: 519.977.2200
School F: 519.977.2201
www.jmccentre.ca

Dear Parents and /or Guardians:

Kindly complete this form for our files and return it immediately. Please Print Neatly

1.

CHILD'S NAME: (First) (Middle) (Last)

DATE OF BIRTH: (year/month/day)

ADDRESS: CITY: PC:

PHONE #: DIAGNOSIS:

CELL #: E:MAIL ADDRESS:

HEALTH CARD #:

2.

FATHER'S NAME: Home Phone #:
ADDRESS: (If different from child's above)

EMPLOYER: Work Phone #:
E-MAIL ADDRESS:

3.

MOTHER'S NAME: MAIDEN NAME:
ADDRESS: Home Phone #:
(If different from child's above)

EMPLOYER: E-MAIL ADDRESS:
Work Phone #:

4.

Please list: ALLERGIES:

Table with 3 columns: Name, Dosage, Frequency. Header: CURRENT MEDICATIONS:

5.

HEALTH CONCERNS staff should be aware of: (eg., heart, asthma, allergies, etc.)

6.

FAMILY PHYSICIAN: PHONE #:

7. DENTIST: _____ PHONE #: _____

8. LANGUAGE SPOKEN IN HOME : _____

9. SIBLINGS Name: _____ Grade: _____ School: _____
 Name: _____ Grade: _____ School: _____
 Name: _____ Grade: _____ School: _____

10. Check the box that indicates where your taxes are designated:

Greater Essex County District School Board
 Windsor-Essex Catholic District School Board
 Conseil Scolaire de District des École Catholiques du Sud-Ouest

11. **In the event of an emergency during the school day who should we contact if you cannot be reached? (Please Complete)**

Relationship

NAME: _____ **to Student:** _____
PHONE #: _____

12. List any other agencies involved with your child. (ie., Children’s Aid, Regional Children’s Centre, etc.)

13. Are there any specific instructions regarding care we should know about?

14. Are there special feeding concerns?
(ie., tube feeding, pureed)

(Date)

(Signature of Parent/Guardian)