



STUDENT INFORMATION QUESTIONNAIRE
2024-2025

3945 Matchette Rd.
Windsor, ON
N9C 4C2
School T: 519.977.2200
School F: 519.977.2201
http://school.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: ADDRESS: Home Phone #: Cell Phone #:

(If different from child's above)

EMPLOYER: Work Phone #:

E-MAIL ADDRESS:

3.

MOTHER'S NAME: MAIDEN NAME: ADDRESS: Home Phone#: Cell Phone #:

(If different from child's above)

EMPLOYER: Work Phone #:

E-MAIL ADDRESS:

4.

Please list: ALLERGIES:

Table with 3 columns: Name, Dosage, Frequency. Row 1: CURRENT MEDICATIONS: Name, Dosage, Frequency. Rows 2-5: Empty rows for medication entry.

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. **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 #: _____

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

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

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

(Date)

(Signature of Parent/Guardian)