

 THE WILSON SCHOOL  
2009-2010 Student Information Form

Student's Name \_\_\_\_\_  
Last First MI

Entering Grade \_\_\_\_\_

Date of Birth:
Home Mailing Address (Street, City, State, Zip Code)
Home Phone Number (include area code)
Family E-Mail Address
Family FAX Number
Student Lives With: <input type="checkbox"/> Father & Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Other (specify relationship)
Father's Name  (Please provide numbers and check which number should be called <u>first</u> during the day.) <input type="checkbox"/> Daytime/Work Phone _____ <input type="checkbox"/> Cellular/Mobile Phone _____ <input type="checkbox"/> Pager
Mother's Name  (Please provide numbers and check which number should be called <u>first</u> during the day.) <input type="checkbox"/> Daytime/Work Phone _____ <input type="checkbox"/> Cellular/Mobile Phone _____ <input type="checkbox"/> Pager
Emergency Contact if parents cannot be reached: Name  Relationship to Child  Daytime Phone Number
Child's Physician Name  Office Location (Town)  Office Phone Number
Names and ages of any siblings:

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Any existing medical conditions?  No  Yes  
If yes, please explain.

Any known allergies?  No  Yes  
If yes, please list known allergies and treatment (if applicable).

Are there any other problems or concerns that might affect learning?  No  Yes  
If yes, please explain.