

Student Information	
Last Name:	
First Name:	Preferred Name:
Address:	
Birth date:	Age as of 9/15/11:
Grade:	Teacher:
If attended school other than Willowwind in past year, please list and give address:	

Parent Information			
Parent/Guardian Name:		Parent/Guardian Name:	
Relationship to Child:		Relationship to Child:	
Address:		Address:	
City/Zip:		City/Zip:	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Email:		Email:	
Place Employed:	Work Phone:	Place Employed:	Work Phone:
Special Contact Instructions:		Special Contact Instructions:	

Non-Parent/Guardians Authorized to pick child up	
Name:	Name:
Relationship:	Relationship:
Phone Number:	Phone Number:
Contact Instructions:	Contact Instructions:
Name:	Name:
Relationship:	Relationship:
Phone Number:	Phone Number:
Contact Instructions:	Contact Instructions:

Race and Ethnic Information (Optional)	
Ethnic:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White

Consent
I give permission to allow my child to be photographed or interviewed and used in printed or electronic materials. Yes or No (Please Circle)
I give permission to post my child's work (without name) on the school website. Yes or No (Please Circle)
I give permission to post a picture of my child (without name) on the school website or social media. Yes or No (Please Circle)

Current Health
Medical Information/ restrictions/ allergies or alerts for child:
List any medications and the doses that are given on a regular basis:
If medication is to be taken at school be sure to fill out correct forms and bring into the office.
Does the child need any corrective devices including glasses, contacts or hearing aids?

Health Care		
Doctor/ Physician:	Address:	Phone:
Dentist:	Address:	Phone:
Insurance Information: Do you have medical insurance? Yes or No If Yes is it: Private Medicaid Hawk-I (Please Circle)		
If parent/guardian or authorized person cannot be reached, I authorize school officials, in the event of my child is injured or in need of medical attention, to take emergency action at parent/ guardian expense.		
Parent/Guardian Signature _____		