Willington Public Schools Student Profile

Center Elementary School

Please read the information below and write any corrections to the right of each answer in the "Corrections" column.

General Information	Current Record	Corrections
Student's Name:		
Mailing Address:		
Birthplace:		
Birth Date:		
Ethnicity:		
Physical Address:		
Home Phone:		
Parent/Guardian Email Address:		

Parent/Guardian Information	Current Record	Corrections
Father		
Employer		
Work Phone/ Cell Phone		
Home Phone (if different)		
Mother		
Employer		
Work Phone/ Cell Phone		
Home Phone (if different)		
Test lives with/who has custody?		
(Both, Mother, Father, Grandparent, Guardian)		

In an **EMERGENCY** situation when we cannot reach you at home or at work, please list two people who have agreed to take responsibility for your child and consented to the release of their address and phone numbers so we may reach them as an alternative.

Emergency contact person(s)	Current Record	Corrections
Name and phone of first contact:		
Relationship to student:		
Name and phone of second contact:		
Relationship to student:		

Medical Information	Current Record	Corrections
Doctor's Name:		
Doctor's Phone:		
Does Student Have Health Ins? Y/N		
Medical Alert:		

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call any contact listed above and/or contact the physician indicated above and to follow the physician's instructions. If it is impossible to contact the physician, the school may make whatever arrangements are necessary.

Signature required: _____ Dated: _____
The above signature acknowledged that I have read and consent to the above.

For Future Use	Current Record	Corrections

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