

# Student Information Form 2019-2020

## Joseph Case High School

Swansea, Massachusetts

PLEASE PRINT NEATLY

Student's Name \_\_\_\_\_

Anticipated Year of Graduation \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Family E-Mail Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Emergency Contact #1

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Person authorized to release your child from school: Yes \_\_\_\_\_ No \_\_\_\_\_

*(Release granted only after specific request/administrative contact has been made with parent/guardian).*

Emergency Contact #2

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Person authorized to release your child from school: Yes \_\_\_\_\_ No \_\_\_\_\_

*(Release granted only after specific request/administrative contact has been made with parent/guardian).*

**\*Note: If you would like to add additional contacts, please print information on a separate sheet & attach.**

Signature of Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_\_

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**Swansea Public Schools**  
**EMERGENCY NOTIFICATION INFORMATION/  
 HANDBOOK ACKNOWLEDGEMENT**

**PLEASE PRINT NEATLY**

Please complete both sides of this document and return to school by Friday, **September 6, 2019.**

Student's Legal Name \_\_\_\_\_ Male \_\_\_\_\_  
 Last Name First Name Middle Name Female \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth (City/Town, State) \_\_\_\_\_

Name of Parent/Guardian #1 \_\_\_\_\_ Place of Employment \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Email: \_\_\_\_\_

Name of Parent/Guardian #2 \_\_\_\_\_ Place of Employment \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian/s \_\_\_\_\_ Has any legal/court documentation  
 been given to school: YES NO

Person with whom child resides \_\_\_\_\_ Relationship \_\_\_\_\_  
 If other, explain: \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 (If other than above) (If other than above)

**HIPAA NOTICE**

I give permission for necessary information related to my child's condition to be shared with the school nurse.  
 Yes  No

**\*Please notify your school nurse of any medical/health changes or needs at any time\***

If your child has a serious medical issue such as an allergy to bee/wasp stings, requires medication during the school day, or requires accommodations for a medical problem,, it is your responsibility to contact the nurse directly.

No medication will be given (including over the counter medicines such as aspirin, etc) until a written order is received by the school nurse from a licensed physician.

In the event of an emergency your child will be transported to the medical facility determined by the responding EMT's. It is understood that the school, in arranging for transportation of your child to a hospital for emergency care, is acting as a medium and is not thereby assuming responsibility.

**AUTOMATED "ONE-CALL" Contact List**

The "One Call Now" phone message service we use delivers automated phone calls for routine reminders and emergency notifications such as inclement weather issues or cancellations.

In an effort to provided efficient contact, please add one telephone number per line for contact to be made. Please add only numbers you wish to be contacted. Calls will be made to all numbers listed below regardless of the type of message. (maximum 6 numbers). Please let us know throughout the year if any of these numbers have changed. (Please write clearly)

**Suggested Numbers: Home, cell, work, day care, grandparents, babysitter**

Contact number \_\_\_\_\_ (Preferably home telephone number)  
 Contact number \_\_\_\_\_ (Preferably Parent/Guardian #1 Cell phone #)  
 Contact number \_\_\_\_\_ (Preferably Parent/Guardian #2 Cell phone #)  
 Contact number \_\_\_\_\_ Description \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

