

**Student Information Form 2021-2022**  
**Joseph Case High School**  
**Swansea, Massachusetts**

**Student's Name:** \_\_\_\_\_

**Anticipated Year of Graduation:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Student Preferred Name:** \_\_\_\_\_

**Preferred Student Pronouns** (please circle): he/him/his      she/her/hers      they/them/theirs  
Other: \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Student Cell Phone:** \_\_\_\_\_

**Family Email Address:** \_\_\_\_\_

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

Relationship \_\_\_\_\_ Email \_\_\_\_\_

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

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

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

Relationship \_\_\_\_\_ Email \_\_\_\_\_

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

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

**Emergency Contact #1**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

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

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

Person authorized to release your child from school: yes \_\_\_\_\_ no \_\_\_\_\_

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

**Emergency Contact #2**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

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

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

Person authorized to release your child from school: yes \_\_\_\_\_ no \_\_\_\_\_

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

**\*\* Please add any additional contact on a separate sheet and attach.**

Submitted by \_\_\_\_\_

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

**Swansea Public Schools**  
**EMERGENCY NOTIFICATION INFORMATION**

**PLEASE PRINT CLEARLY**

Please complete both sides of this document and return to school in a timely manner.

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

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth (City/Town, State): \_\_\_\_\_

Name of Parent/Guardian #1 \_\_\_\_\_

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

Name of Parent/Guardian #2 \_\_\_\_\_

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

Person with whom child resides \_\_\_\_\_ Relationship \_\_\_\_\_

If other, explain: \_\_\_\_\_

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

**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 provide efficient contact, please add one telephone number per line for contact to be made. 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). Let us know throughout the year if any of these numbers have changed.

**Suggested One-Call Numbers: Home, Cell, Work, Grandparents, Student Cell**

Contact Number \_\_\_\_\_ Contact Number \_\_\_\_\_

Contact Number \_\_\_\_\_ Contact Number \_\_\_\_\_

Contact Number \_\_\_\_\_ Contact Number \_\_\_\_\_

**HIPAA NOTICE**

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

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

No medication will be given (including over-the-counter medications) 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 EMTs. In arranging for transporting of your child to a hospital for emergency care, the school is acting as a medium and does not thereby assume responsibility.

Please indicate below that you understand the above information and give permission for necessary information related to my child's condition to be shared with the school nurse.

YES \_\_\_\_\_ NO \_\_\_\_\_

Submitted by \_\_\_\_\_

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