

Student Information Form 2022-2023
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

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: _____