



STUDENT INFORMATION QUESTIONNAIRE
2026-2027

3945 Matchette Rd.

Windsor, ON

N9C 4C2

School T: 519.977.2200

School F: 519.977.2201

<http://school.jmccentre.ca>

Dear Parents and /or Guardians:

Kindly complete this form for our files and return it immediately. **Please Print Neatly**

1.

CHILD'S NAME: _____
(First) (Middle) (Last)

DATE OF BIRTH: _____
(year/month/day)

ADDRESS: _____ CITY: _____ PC: _____

PHONE #: _____ DIAGNOSIS: _____

CELL #: _____ E:MAIL ADDRESS _____

HEALTH CARD #: _____

2.

FATHER'S NAME: _____
ADDRESS: _____ Home Phone #: _____
Cell Phone #: _____
(If different from child's above)

EMPLOYER: _____ Work Phone #: _____
E-MAIL ADDRESS: _____

3.

MOTHER'S NAME: _____ MAIDEN NAME: _____
ADDRESS: _____ Home Phone #: _____
Cell Phone #: _____
(If different from child's above)

EMPLOYER: _____ Work Phone #: _____
E-MAIL ADDRESS: _____

4.

Please list: ALLERGIES: _____

CURRENT MEDICATIONS:	<u>Name</u>	<u>Dosage</u>	<u>Frequency</u>

5. HEALTH CONCERNS staff should be aware of: (eg., heart, asthma, allergies, etc.)

6. FAMILY PHYSICIAN: _____ PHONE #: _____

7. DENTIST: _____ PHONE #: _____

8. LANGUAGE SPOKEN IN HOME : _____

9. SIBLINGS Name: _____ Grade: _____ School: _____
 Name: _____ Grade: _____ School: _____
 Name: _____ Grade: _____ School: _____

10. **In the event of an emergency during the school day who should we contact if you cannot be reached? (Please Complete)**

Relationship

NAME: _____ **to Student:** _____

PHONE #: _____

11. List any other agencies involved with your child. (ie., Children's Aid, Regional Children's Centre, etc.)

12. Are there any specific instructions regarding care we should know about?

13. Are there special feeding concerns?
(ie., tube feeding, pureed)

(Date)

(Signature of Parent/Guardian)