

**Student Information**  
**St. John School 2017-2018**

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ Gender: Male or Female

1) Does your child have any of the following problems? If so, please explain:

- a) Allergies \_\_\_\_\_
- b) Frequent sore throat \_\_\_\_\_
- c) Earaches \_\_\_\_\_
- d) Skin problems \_\_\_\_\_
- e) Learning Disability \_\_\_\_\_
- f) Other \_\_\_\_\_

2) Does your child prefer to use the right or left hand? If so, indicate which hand? \_\_\_\_\_

3) Explain briefly about your child's attention span. \_\_\_\_\_

**4) If your child is entering preschool or kindergarten, please answer the following:**

- a) Does your child use the restroom without assistance? \_\_\_\_\_  
If not, please explain: \_\_\_\_\_
- b) Does your child tell you when there is a need to use the restroom? \_\_\_\_\_  
If not, what arrangements should be made? (i.e., send to restroom every hour, ask if there is a need, etc.) \_\_\_\_\_
- c) Does your child have a special name for using the restroom? \_\_\_\_\_  
If so, what is it? \_\_\_\_\_

5) In the space below, please provide any other information that should be known about your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Release and Contact Information 2017 – 2018**

In case of emergency, St. John School's personnel are authorized to proceed as indicated below (please indicate the order you would like us to take, when notifying you. Example: mother-1, father-2, etc.)

\_\_\_\_\_ Contact mother \_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_ (phone number)

\_\_\_\_\_ Contact father \_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_ (phone number)

\_\_\_\_\_ Contact family physician. Name \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ Take child to Georgetown Community Hospital.

\_\_\_\_\_ Take child to any licensed physician.

\_\_\_\_\_ Other. Please explain: \_\_\_\_\_

List any Allergies you know of that the school should be aware of: \_\_\_\_\_

\_\_\_\_\_