



Windsor Academy Student Information 2018-2019

Student's Name _____

Address _____

Home Telephone # _____

School District _____

Birth Date _____

(please be sure e-mail information is legible)

Parent Information

Name _____

Work # _____

Cell # _____

E-mail _____

Name _____

Work # _____

Cell # _____

E-mail _____

Allergies/Medical Information:

Emergency Back-up Contacts: