



Windsor Academy Student Information

2020-2021

Student's Name _____

Address _____

Home Telephone # _____

School District _____

Birth Date _____

(please be sure e-mail and cell phone information is legible)

Parent Information

Name _____

Work # _____

Cell # _____

E-mail _____

Name _____

Work # _____

Cell # _____

E-mail _____

Allergies/Medical Information:

Emergency Back-up Contacts: