

Westwind Children Services

Westwind Preparatory Academy

Westwind Middle School

PH: 602-864-7731 Fax: 602-864-7720

Parkview Middle School

PH: 928-775-5115 Fax: 928-775-6253

Caurus Academy

PH: 623-551-5083 Fax: 623-551-5679

FOR OFFICE USE ONLY

Graduation Year: _____ Grade _____

ID Number _____

SAIS ID _____

Entry Date: _____ Entry Code _____

Staff Initials _____

Date Entered: _____

Student Re-Enrollment 2010/2011 School Year

Date: _____

STUDENT INFORMATION: (Please print neatly)

Last Name _____ First _____ Middle _____

Birth Date _____ Student email address _____

Mailing Address _____ Apt. _____ City _____ Zip Code _____

Student lives with: Both Parents Mother Father Guardian Relative Spouse Friend Other

Are parent(s) of the student: Married Divorced Separated Never Married

If living separate and both receive mailings please include 2nd mailing address.

2nd Mailing address: _____ Apt. _____ City _____ AZ 85 _____

CONTACT INFORMATION

Mother first name: _____ **Last Name** _____

Home () _____ Work () _____ Cell () _____

Mother's e-mail address _____

Employer _____ Occupation/Title _____

Father first name: _____ **Last Name** _____

Home () _____ Work () _____ Cell () _____

Father's e-mail address _____

Employer _____ Occupation/Title _____

Student's Guardian: _____ **Relationship** _____ Custody Papers

Home () _____ Work () _____ Cell () _____

Is student a ward of the court? Yes - No Case Manager Name _____ Phone _____

EMERGENCY CONTACTS:

Name _____ Relationship _____

Home () _____ Work () _____ Cell () _____

Is this person authorized to release the student? Yes - No

Name _____ Relationship _____

Home () _____ Work () _____ Cell () _____

Is this person authorized to release the student? Yes - No

PERSONAL INFORMATION UPDATE:

This is an update to the Student Personal Information release that is already in your student's file.

I _____, **Do Not Want** Westwind Preparatory Academy, to publish the following information for my student:

- Publish student's name (first name only) on the school's web site which is available on the world wide web.
- Publish student's photo on the school's web site which is available on the World Wide Web.
- Publish student's photo and full name in Westwind Publications: i.e.: Westwind newsletters, local newspapers, etc.
- Allow my student to appear on Television.
- Publish student's photo (no names) in Westwind advertising venues. i.e.: Westwind newsletters, local newspapers, etc.
- Military Recruiters
- Post secondary schools.

MEDICAL INFORMATION:

Please Note: There is not a school nurse on campus.

Does this student have any medical conditions the school should be aware of? Yes No

If yes, explain: _____

Does this student need to take medications at school? Yes No (See Policies and Procedures)

Medications: _____

Is the student allergic to any medications? Yes No Medication(s): _____

Is there any information that you feel the staff at Westwind should be aware or regarding the student? Yes No

If yes, explain: _____

INSURANCE INFORMATION:

Name of carrier _____ Policy number _____

Name of Insured _____ ID Number _____

Physician Name _____ Phone _____ Hospital preference _____

Medical Problems _____ Current Medications _____

Allergies _____ Date of last tetanus booster ____/____/____

In case of injury or sudden illness, I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time of his/her health and safety. I understand that the expense of this service will be my responsibility.

I also give Westwind Preparatory Academy permission to authorize any emergency medical treatment that may become necessary while my student is in school in the event that I cannot be reached. Furthermore, I realize that any expenses related to medical attention given is my responsibility.

I hereby give permission for my student listed above to be transported by Westwind Preparatory Academy for the purpose of school related activities.

Signature of Parent /Guardian _____ Date _____

ATHLETIC INFORMATION:

Student's Name: _____

Which of the following sports is your child interested in:

- Football
- Volleyball
- Basketball
- Track
- Baseball
- Softball
- Cheer

Has your student ever participated in any sports program? Yes No If yes, please explain _____

Please Note: Any student participating in a sport will be required to obtain a physical.

Signature of Parent /Guardian _____ Date _____