



Marystown Central High School

P.O. Box 549
Marystown, NL.
A0E 2M0

Telephone: (709) 279-2313

Fax: (709) 279-3031

DEMOGRAPHIC INFORMATION (TO BE COMPLETED BY PARENT OR GUARDIAN)

Student Name: Last		First	M.I.	DOB: Month/Day/Year	Grade:
Home Phone: ()	Work Phone: ()		Cell Phone: ()		
MCP Number:		Sex: Male: <input type="checkbox"/> Female: <input type="checkbox"/>		Enrollment Status: New Student: <input type="checkbox"/> Returning Student: <input type="checkbox"/>	
Street Address:		City/Town:		Postal Code:	
Emergency Contact Information:					
<p>Please check (✓) all health conditions that may affect your child's school day.</p> <ul style="list-style-type: none"><input type="checkbox"/> Allergies (be specific)<input type="checkbox"/> Asthma<input type="checkbox"/> Physical Disability (be specific)<input type="checkbox"/> Respiratory (be specific)<input type="checkbox"/> Seizures<input type="checkbox"/> Hearing Problems<input type="checkbox"/> Vision Problems<input type="checkbox"/> Other (be specific)					



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A. How does this condition affect your child's school day? (i.e. physical education restrictions or limitations, avoid certain foods, etc).

B. What does your child do to manage this condition during his or her school day?

C. Please list specific symptoms your child has experienced when having a problem with his or her condition.

Transportation to School (walk, bus, private car, etc):

Enrollment in a French Course:

Yes

No



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Lives With:

- Parents
- Guardian
- Mother
- Father
- Grandmother
- Grandfather
- Other:

Other Information: