

École J.H. Sissons at William McDondald Student information for Teachers 2020/2021

In order to help us make sure your child is safe before, during and after school, we ask that you take a few moments to complete the following information. We also use this form right at the start of the year as an efficient way of keeping in touch with you. If any of this information changes during the year, please be sure to let the teacher and office know. The school office will send out a more detailed confirmation form later in September. Thank you for taking the time to complete this and return it to us.

Full child's name:					
Teacher for 2020/	2021 (choose from m	ienu) :			
After school proce	dure (please choose	one box f	or each day)		
Monday	Tuesday	Wednesday		Thursday	Friday
Bus No	Bus No	Bus No		Bus No	Bus No
Pick-up	Pick-up	Pick-up		Pick-up	Pick-up
Walk Home	Walk Home	Walk Home		Walk Home	Walk Home
Y Program	Y Program	Y Program		Y Program	Y Program
Parents/Guardian	s			1	
Parent/Guardian	1		Parent/Guardian 2		
Name:			Name:		
Phone:			Phone:		
Alt Phone:			Alt Phone:		
Email:			Email:		
	t (if parent(s)/guard	lian(s) are	e unavailable	e)	
Name:					
Relationship:					
Phone:					
Alt. Phone:					
Does your child ha	ive any allergies or n	nedical co	ondition? If	so, please specify.	
Additional import	ant information:				