Scholarship ID Award # _____ (if applicable)

2025-2026

WINDSOR LEARNING ACADEMY
6337 MEMORIAL HIGHWAY
TAMPA, FL 33615
WACADEMY6337@GMAIL.COM

STUDENT AND PARENT INFORMATION

STUDENT'S FULL NAME_____

STUDENT'S Date of Birth _____

GRADE ENTERING _____

ADDRESS_____

HOME PHONE NUMBER_____

MOTHER'S NAME_____

EMPLOYER_____

WORK NUMBER_____

CELL NUMBER_____

FATHER'S NAME_____

EMPLOYER_____

WORK NUMBER_____

CELL NUMBER_____

EMERGENCY CONTACTS (OTHER THAN PARENTS)

NAME_____ RELATIONSHIP_____

ADDRESS_____ PHONE NUMBER_____

LIST ANY MEDICAL, ALLERGIC, DIETARY, OR HANDICAPPING CONDITIONS OF THE STUDENT

_____

_____

_____

LIST ALL MEDICATIONS YOUR CHILD IS CURRENTLY TAKING

_____

_____

NAME, ADDRESS, AND PHONE NUMBER OF PERSON(S) OTHER THAN PARENT(S) AUTHORIZED TO TAKE MY CHILD HOME FROM SCHOOL

_____

_____

SIGNATURE OF PARENT_____/ Parent E-mail_____

DATE_____