

# STUDENT ENROLLMENT FORM

## Demographic Information

Student's Legal Name \_\_\_\_\_

Last Name

 Male  Female

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Month Day Year

Place of Birth \_\_\_\_\_

City State Country

Present Address \_\_\_\_\_

Street

Apt. #

Zip Code

Home Phone \_\_\_\_\_

Cellular Phone \_\_\_\_\_

Ethnicity: Hispanic/Latino  YES  NORace:  White  Black or African American  Hawaiian or other Pacific Islander Native American or Alaska Indian Native  Asian

### OFFICE USE ONLY

Student ID # \_\_\_\_\_

Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

Entry Date \_\_\_\_\_ Code \_\_\_\_\_

SAIS # \_\_\_\_\_

 Birth Certificate  Out of District Immunizations  Proof of Address

Home District or School \_\_\_\_\_

 Bus  AM  PM Bus Stop \_\_\_\_\_ Walker After School Program \_\_\_\_\_ Parent Pick-up

Name of Registrar \_\_\_\_\_

## Last School Attended

Name of School \_\_\_\_\_

Withdrawal Date \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip Code

 I give permission to request all records from this school.

Phone Number \_\_\_\_\_

Have you ever attended a Wilson District School before?  Yes  No If yes, what year? \_\_\_\_\_

## Participation in Programs

Please check any special programs in which the student has participated:

 Migrant Program  ESL  IEP  504 Plan  Speech/Language  Gifted/Talented  Free/Reduced Lunch

## Home Language Survey

Country of Origin \_\_\_\_\_

Language most frequently spoken at home \_\_\_\_\_

The language most often spoken by the student \_\_\_\_\_

Language student first spoke \_\_\_\_\_

## Parent/Guardian Authorizations

Please check all that apply.

### Media Release

- I give permission to have my child interviewed/photographed/videotaped by the news media which may result in publication.
- I give permission to have my child interviewed/photographed/videotaped by the school or school district which may result in publication.
- I give my permission to have the school or school district to feature my child's schoolwork.

### Acceptable Use of Network

I have received a copy and will read the *Internet Safety Contract*. I give permission for my child to access all components of the district network and release the district from any and all claims and damages of any nature arising from the use of this network.

### Field Trips

I give permission for my child to attend any field trips taken by walking, riding the bus, riding the school van or car, or taking public transportation during the school year.

**SIGNATURE REQUIRED:** I verify that the information above is correct and current. I will inform the school of any changes in this information. I authorize any school personnel to take reasonable emergency measures on behalf of my child and agree to hold them harmless for any treatment undergone.

Signature of Parent or Guardian

Relationship to Student

Date