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WARRICK COUNTY SCHOOL CORPORATION ENROLLMENT FORM

Office Use Only

STN #:	_____
WCSC #:	_____
Records Requested	_____
Records Received	_____

School: _____

STUDENT INFORMATION

Enrollment Date: _____ Has student previously attended Warrick County Schools? Yes No

Student Legal Name: _____

Address: _____

First	Middle	Last
Street Address	City	State
		Zip

Student Phone Numbers: _____

Home	Work	Mobile
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Email Address: _____ Bus #: _____ Bus Driver Name: _____

Place of Birth: _____ Date of Birth: _____ Ethnicity: _____ *Complete attached Ethnicity Form

Social Security #: _____ Age: _____ Grade Level: _____ Male/Female: _____ Native Language: _____

Is this student on medication? Yes No

**Medication(s) taken (please include all meds and dosages, even if given at home) _____

Any further information the school personnel should be aware of (such as medical conditions, persons your child is not to leave school with, etc.): _____

School most recently attended: _____

Name of School	City	State
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Have you formally withdrawn from this school? Yes No

Other Educational Services:

Special Education Service [Including Speech] (If yes, complete attached Special Education Enrollment Form.)

High Ability English Language Learner

Section 504 Other

Has student been placed by state agency court order? Yes No Caseworker Name: _____

Was the enrollee a student in good standing? Yes No, please explain (i.e. expelled) _____

What sports and/or extra-curricular activities, if any, will the student be interested in participating?

Will you be applying for Free/Reduced Lunch/Textbooks? Yes No

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INFORMATION OF PARENT/GUARDIAN THE STUDENT RESIDES WITH

Parent Name #1: _____ Parent Name #2: _____

Does the student live with both natural or adopting parents in the same household? Yes No

If no, please \checkmark who student lives with:

- Mother (Part-time)/Father (Part-time) Foster Parent Temporary Custody
 Mother (only) Grandparents Independent
 Father (only) Legal Guardian (by court) Other: _____

Address #1: _____
Street Address City State Zip

Phone Numbers: _____
Home Work Mobile

Email address: _____

Address #2: _____
Street Address City State Zip

Phone Numbers: _____
Home Work Mobile

Email address: _____

If guardianship is of third-party, complete 3rd Party Custodial form (attached).

EMERGENCY CONTACT INFORMATION

Name (other than parent/guardian): _____

Relationship to student: _____

Phone Numbers: _____
Home Work Mobile

Physician: _____ Phone #: _____

Dentist: _____ Phone #: _____

Are there any legal restrictions against either parent involving this child during school hours? Yes No

If yes, please list restrictions here and provide the school with a legal court document (any changes in this should be reported to school office). _____

As the custodial parent, guardian, or independent student, I have verified all information provided is true and accurate.

Signature: _____ Date: _____