

# Washington County Schools Enrollment Data Sheet

Please complete and return to school.

School Attending: \_\_\_\_\_ School Year \_\_\_\_\_ Grade: \_\_\_\_\_

Full name of student: \_\_\_\_\_

First Middle Last

Birth date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

County and State of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Street City Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student Lives With: \_\_\_\_\_

Who has Legal Custody of the Child: \_\_\_\_\_

ESL(English as Second Language): \_\_\_\_\_

Last School Attended(if applicable): \_\_\_\_\_

## Family Information:

Father/Guardian: \_\_\_\_\_ Mother: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's highest completed educational level: Mother's highest completed educational level:

Elementary \_\_ Middle School \_\_ Elementary \_\_ Middle School \_\_

High School \_\_ College \_\_ Graduate School \_\_ High School \_\_ College \_\_ Graduate School \_\_

School aged brothers or sisters / School they are attending : ex.: John Doe / WCHS

## Medical Information:

Allergy or special medical problems: \_\_\_\_\_

Special services needed: \_\_\_\_\_

Student's Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Address \_\_\_\_\_

## Transportation

Check option that applies to your student

- \_\_\_ T5 Special needs bus (Must have IEP on file)
- \_\_\_ T1 Rides bus more than 1 mile both morning and afternoon
- \_\_\_ T2 Rides bus less than 1 mile both morning and afternoon
- \_\_\_ T3 Rides bus one way only morning or afternoon
- \_\_\_ NT Not transported by bus

## Emergency Information

In case you can not be located please list the name and phone numbers of three people who can take responsibility for your child in the event of an emergency or serious illness.

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

The Washington County School System has my permission to obtain whatever medical services that may be needed for my child in case of accident or serious illness. I will not hold the school district financially responsible for the emergency care and/or transportation of said child.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_