DISTRICT OFFICE
1970c Easton Turnpike
Lake Ariel, Pennsylvania 18436

WESTERN WAYNE
SCHOOL DISTRICT

ENROLLMENT FORM
☐ Re-enrollment

STUDENT INFORMATION (Please print)

Date of Registration: _____/_____/_____ Building: ☐EverGreen ☐RDW ☐Middle ☐High

Student's Name: _____ Gender: ☐ Female ☐ Male Grade:____

Address: (*Mailing*) _____

(*Physical Address*) _____

Township: _____ State of Birth: _____ City of Birth: _____ Country of Birth: _____

DOB:_____ State Entry Date: _____ US Entry Date: _____Years in US School: _____

Has the child been educated in a Pennsylvania School: ☐Yes ☐No Home Language & Country: _____

Social Security#: _____/_____/_____ Grade 9 - Entry Date: _____

Ethnicity: Choose one of the following: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Choose one or more races: ☐American Indian or Alaska Native ☐Asian ☐Black
(*Check all that apply*) ☐Native Hawaiian or other Pacific Islander or ☐White

PARENT INFORMATION

Child resides with: ☐ **Both Parents** ☐ **Father** ☐ **Mother**

IS THERE A COURT ORDER INVOLVING THE CUSTODY OF THIS CHILD? ☐***YES*** ☐***NO***

PARENT 1:
☐Father ☐Step-Father Name: _____
Address: _____
Street City State Zip Code

Please list Parent 1 call order:
____ Home Phone Number: _____
____ Cell Phone Number: _____
____ Employer Phone Number: _____

PARENT 2:
☐Mother ☐Step-Mother Name:_____
Address: _____
Street City State Zip Code

Please list Parent 2 call order:
____ Home Phone Number: _____
____ Cell Phone Number: _____
____ Employer Phone Number: _____

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PARENT 3:
☐Guardian ☐Foster Parent ☐Relative Name:_____
Address: _____
Street City State Zip Code

Please list Parent 3 call order:
____ Home Phone Number: _____
____ Cell Phone Number: _____
____ Employer Phone Number: _____

Who has Educational Rights? _____
Duplicate information to be sent to: _____

OTHER EMERGENCY CONTACTS IF PARENT 1, 2, OR 3 CANNOT BE REACHED: (In order)

Name:_____ Phone #: _____Relationship:_____

Name:_____ Phone #: _____Relationship:_____

Name:_____ Phone #: _____Relationship:_____

FAMILY INFORMATION

Please List All Children Residing at Student's Address

Full Name: _____
Date of Birth: _____
Grade: _____ School: _____
Relationship to student: _____

Full Name: _____
Date of Birth: _____
Grade: _____ School: _____
Relationship to student: _____

Full Name: _____
Date of Birth: _____
Grade: _____ School: _____
Relationship to student: _____

Full Name: _____
Date of Birth: _____
Grade: _____ School: _____
Relationship to student: _____

PREVIOUS SCHOOL INFORMATION

Last School Attended: _____
Address: _____
Last Date Attended: _____ Last Grade Attended:_____Last School Phone#: _____

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EDUCATIONAL PLACEMENT

Regular Education: ☐ YES ☐ NO
IEP/Special Education: ☐ YES ☐ NO

Has this student received any of the following services?
ESL (English as Second Language): ☐ YES ☐ NO
Itinerant Services (Extra Help): ☐ YES ☐ NO
Section 504 Agreement: ☐ YES ☐ NO
Other (Please Specify) _____

Is this student identified? (Please check disability)

☐ Autistic/PDD
☐ Blind/Visually Impaired
☐ Cerebral Palsy
☐ Deaf/Blind
☐ Deaf/Hearing Impaired
☐ Developmental Delay
☐ Mental Retardation
☐ Muscular Dystrophy
☐ Multiple Disabilities
☐ Neurologically Imp. Traumatic Brain Injury
☐ Other Health Impairments
☐ Physical Disability
☐ Referral Status
☐ Emotionally Disturbed
☐ Specific Learning Disability
☐ Speech and Language Impaired
☐ Title I
☐ Gifted
☐ Gifted with disability
☐ None Identified

Was this student previously suspended from school for an offense involving weapons, drugs, alcohol, or violence? YES ☐ NO ☐
EXPLAIN: _____

_____

Has this student ever been involved with Juvenile Probation? YES ☐ NO ☐

Does this student have any health problems: YES ☐ NO ☐
If yes, describe: _____

Form completed by: _____ Relationship: _____ Date: ___/___/___

I attest that all information is true. Parent/Guardian Signature: _____