



ENROLLMENT FORM

STUDENT INFORMATION (Please print)

Date of Registration: \_\_\_\_/\_\_\_\_/\_\_\_\_  Re-enrollment

Building:  EverGreen  Robert D. Wilson  Middle School  High School Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Gender:  Female  Male

Address: (Mailing): \_\_\_\_\_  
(Physical Address): \_\_\_\_\_

Township: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

US Entry Date: \_\_\_\_\_ Years in US School: \_\_\_\_\_ Home Language/Country: \_\_\_\_\_

Has the child been educated in a Pennsylvania School:  Yes  No PA School Entry Date: \_\_\_\_\_

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  White

PARENT/GUARDIAN INFORMATION

**PARENT/GUARDIAN 1:** Relationship to student: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street City State Zip Code

List call order for \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
Parent/Guardian 1: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
\_\_\_\_\_ Work Phone Number: \_\_\_\_\_

**PARENT/GUARDIAN 2:** Relationship to student: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street City State Zip Code

List call order for \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
Parent/Guardian 2: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
\_\_\_\_\_ Work Phone Number: \_\_\_\_\_



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

Child resides with whom: \_\_\_\_\_

Who has Educational Rights? \_\_\_\_\_

Duplicate information to be sent to: \_\_\_\_\_

**OTHER EMERGENCY CONTACTS IF PARENT/GUARDIAN 1 or 2 CANNOT BE REACHED:** (in order)

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: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Relationship to student: \_\_\_\_\_



SCHOOL INFORMATION

Last School Attended: \_\_\_\_\_

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

Last Date Attended: \_\_\_\_\_ Last Grade Attended: \_\_\_\_\_ Last School Phone#: \_\_\_\_\_

Regular Education:  YES  NO

Section 504 Plan (Reg Educ):  YES  NO

Title I:  YES  NO

EL (English Language):  YES  NO

IEP/Special Education:  YES  NO

Gifted or Gifted w/ Disability:  YES  NO

Is the student identified? (Check all that apply)

Autism

Deaf-Blindness

Deafness

Developmental Disability

Emotional Disturbance

Hearing Impairment

Intellectual Disability

Multiple Disabilities

Orthopedic Impairment

Other Health Impairment

Specific Learning Disability

Speech or Language Impairment

Traumatic Brain Injury

Visual Impairment including Blindness

Does this student have health problems: YES  NO  If yes, describe: \_\_\_\_\_

Was the student previously suspended from school for an offense involving weapons, drugs, alcohol, or violence?

YES  NO  If yes, explain: \_\_\_\_\_

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

Please indicate if the Student's Parent(s) and/or Legal Guardian(s) are members of the Armed Forces? YES  NO

Military Family: When Student's Parent(s) and/or Legal Guardian(s) is currently an ACTIVE-duty member of the armed forces (Army, Navy, Air Force, Marine, and Coast Guard) including full-time Reserve or National Guard Duty.

Form completed by: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

I attest that all information provided to the Western Wayne School District is true.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR HIGH SCHOOL ATHLETES ONLY:**

I am a student athlete requesting a PIAA Transfer Waiver Form YES  NO