



WILSON COUNTY SCHOOLS
STUDENT INFORMATION FORM

Enrollment Date: _____
Pupil Number: _____

School Name _____ Homeroom Teacher _____ Current Grade _____

STUDENT

Legal Last Name _____
Legal First Name _____
Middle Name _____
Birth Date _____ Gender _____
Home Phone No. () _____
Country of Birth _____
Special Needs (504, IEP, Other) _____

PROPERTY ADDRESS

Address _____
City & Zip Code _____

MAILING ADDRESS

Same as Property Address? Yes _____ No _____
Address _____
City & Zip Code _____

LIST PREVIOUS SCHOOL AND ADDRESS
(include More at Four)

Where is your child/family currently living? (Check one box only)

- Single family residence
With more than one family in a house or apartment due to economic hardship
In a shelter or transitional housing program
In a motel, car or campsite
In a foster care placement
Other:

PLEASE COMPLETE BOTH SECTIONS ON ETHNICITY AND RACE (ALL STUDENTS)

ETHNICITY (Please check one) Hispanic / Latino _____ Non-Hispanic / Latino _____

RACE (Please check one or more as needed)
Asian _____ American Indian /Alaskan Native _____ Black _____ Hawaiian / Pacific Islander _____ White _____

PARENT / GUARDIAN Custody _____ Court Access _____ Legal Document _____

Mother/Guardian Info

Last Name _____
First Name _____
Date of Birth: _____
(Relationship to student) _____
Lives with Student _____ (Y/N)
Address _____
Home Phone No. _____
Cell Phone No. _____
Work / Employment _____
Occupation _____
Work Phone No. _____
Email Address _____

Father/Guardian Info

Last Name _____
First Name _____
Date of Birth: _____
(Relationship to student) _____
Lives with Student _____ (Y/N)
Address _____
Home Phone No. _____
Cell Phone No. _____
Work / Employment _____
Occupation _____
Work Phone No. _____
Email Address: _____

OVER ->

EMERGENCY CONTACTS (Must be someone other than parents)

Name _____	Name _____
(Relationship to student) _____	(Relationship to student) _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Work number _____	Work number _____

Sibling Info (list those attending a Wilson County School and living in your home):

1	Name _____	Relationship _____
	Gender: _____ (Male/Female)	School _____ Grade _____
2	Name _____	Relationship _____
	Gender: _____ (Male/Female)	School _____ Grade _____
3	Name _____	Relationship _____
	Gender: _____ (Male/Female)	School _____ Grade _____
4	Name _____	Relationship _____
	Gender: _____ (Male/Female)	School _____ Grade _____
5	Name _____	Relationship _____
	Gender: _____ (Male/Female)	School _____ Grade _____

Medical:

Doctor Name _____ Phone _____ Dentist Name _____ Phone _____

Preferred Hospital _____ Allergies _____

Medical Condition _____ Life Threatening _____ (Y/N)

Emergency Medications: _____

Transportation:

Bus No. _____ Walker _____ Car Rider _____ Van Rider _____

Day Care Name _____ Phone No. _____

****Has student ever attended a Wilson County School? Y N School Name _____**

Parent/Guardian Signature _____ Date _____