

WALLINGFORD-SWARTHMORE SCHOOL DISTRICT – STUDENT REGISTRATION APPLICATION



STUDENT INFORMATION

EVER ENROLLED IN WSSD? Yes No FULL LEGAL NAME: _____ GENDER: M F
LAST FIRST MIDDLE NICKNAME

HISPANIC/LATINO: Yes No RACE (circle all that apply): 1 - American Indian/Alaska Native 9 - Asian 3 - Black/African American 10 - Native Hawaiian/Other Pacific Islander 5 - White

DATE OF BIRTH: _____ CITY OF BIRTH: _____ STATE OF BIRTH: _____ COUNTRY OF BIRTH: _____

DATE OF PA RESIDENCE: _____ DATE 1ST ENROLLED IN A U.S. SCHOOL: _____ GR 09 ENTRY DATE: _____

REPEATING LAST YEAR: Yes No SPECIAL ED: Yes No MIGRANT: FOSTER:

PRESENT ADDRESS: _____ HOME PHONE: _____
Street City State Zip

PREVIOUS HOME ADDRESS: _____ PREVIOUS SCHOOL: _____

LAST DAY OF ATTENDANCE AT PREVIOUS SCHOOL: _____ LAST GRADE ATTENDED: _____ PREV. SCHOOL ADDRESS: _____

PARENT/GUARDIAN INFORMATION (List by who should be contacted first) STATUS (Circle one): SINGLE MARRIED SEPARATED¹ DIVORCED¹ GUARDIAN¹ FOSTER²

PARENT/GUARDIAN 1: (Title/Name) _____ RELATIONSHIP: _____ SPOUSE: _____

ADDRESS SAME AS ABOVE: or ADDRESS (H) _____ PHONE (H): _____ (C): _____

EMAIL: _____ EMPLOYER: _____ PHONE (W): _____

PARENT/GUARDIAN 2: (Title/Name) _____ RELATIONSHIP: _____ SPOUSE: _____

ADDRESS SAME AS ABOVE: or ADDRESS (H) _____ PHONE (H): _____ (C): _____

EMAIL: _____ EMPLOYER: _____ PHONE (W): _____

SIBLING/ADDITIONAL RESIDENT INFORMATION			
NAME	SCHOOL	AGE	GRADE

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Student First Name _____
 Student Last Name _____

REGISTERED BY: _____ DATE _____

EMERGENCY INFORMATION If unable to reach parents in an emergency, please call

NAME 1: _____ PHONE: _____ RELATIONSHIP: _____

NAME 2: _____ PHONE: _____ RELATIONSHIP: _____

PHYSICIAN: _____ PHONE: _____

DENTIST: _____ PHONE: _____

DOES THE STUDENT HAVE ANY HEALTH PROBLEMS? (please explain) _____

IS THE STUDENT TAKING ANY MEDICATIONS ON A REGULAR BASIS? (If yes, please list) _____

CIRCLE THE MEDICATIONS THAT YOU GIVE PERMISSION FOR THIS STUDENT TO TAKE IF NEEDED AT SCHOOL. Tylenol Ibuprofen/ Motrin Tums

I understand if a child becomes ill at school, parents are generally responsible to provide transportation home. In cases of extreme emergency, when neither parent(s) nor emergency numbers can be contacted, school authorities will call a physician or take whatever action is deemed necessary, including transporting the child to a local hospital, at the parent's expense. Also to insure the health and safety of my child, by signing below, I give permission for medical information to be shared with school personnel.

SIGNATURE OF PARENT/GUARDIAN: (emergency information) _____ DATE: _____

Student First Name _____
Student Last Name _____