

ENROLLMENT FORM

Student #: _____ Westmoreland Central School Date of Entrance: _____ Grade: _____

Student Name: _____ Sex: _____ Race: _____
First Middle Last

Date of Birth: _____ Place of Birth: _____ Dominant Language: _____

Physical Address: _____ Phone #: _____

Mailing Address (if different): _____

If child is a homeless or unaccompanied youth, please circle appropriate living arrangement: homeless shelter, with relatives or others due to lack of permanent housing, abandoned apartment/building, motel/hotel, campground, car, train/bus station, temporary housing in shelter awaiting (OCFS) permanent foster care placement or other situation due to lack of adequate housing

Father: _____ Phone #: _____

Address: _____

Education: _____ Employment: _____ Phone #: _____

Mother: _____ Phone #: _____

Address: _____

Education: _____ Employment: _____ Phone #: _____

Legal Guardian (if different): _____ Phone #: _____

Address: _____

Education: _____ Employment: _____ Phone #: _____

Relationship to Student: _____

Other Persons Living in Household: Relationship: Race: Date of Birth: Grade:

Other Persons Living in Household:	Relationship:	Race:	Date of Birth:	Grade:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

School(s) previously attended: _____

Dates and/or Grade Attended: _____

_____	_____
_____	_____
_____	_____

Does your child receive or has received services in the following areas:

Remedial Math or AIS: _____ Remedial Reading or AIS: _____ Resource Room: _____

Please circle all that apply: Preferential seating for hearing and/or vision Wears hearing aid and/or corrective lenses

Concerns with physical and/or social development: _____

Allergic to foods/substances (please list): _____

Medical problems (please list): _____

Medications (please list): _____

Special circumstances that teachers should be informed of: _____

Comments: _____

Parent Signature: _____ Date: _____