



WILSON CSD STUDENT REGISTRATION INFORMATION

Office Use Only

ENTRY DATE: _____ HOMEROOM # _____ HR TEACHER _____
 GRADE _____ School: _____ 002/WES _____ 004/HS _____ 003/MS _____ OTHER _____
 Student # _____ Counselor _____ Bus # A.M. _____ P.M. _____ LATE _____

PARENT/GUARDIAN COMPLETE INFORMATION BELOW and REVERSE SIDE:

Has student attended Wilson School in the past? Y / N If so, last grade attended _____

Name of last School Attended _____ Public _____ Non-public _____

School's full address _____

Street Address/P.O. Box _____ City _____ State _____ Zip _____

Name of Counselor/Principal _____ Phone (____) _____ Fax (____) _____

Student Last Name	First	M.I.	Home Phone #	Y	N
_____	_____	_____	_____	_____	_____
Address _____			D.O.B. ____/____/____	Sex: M	F
P.O. Box # _____			Mo. Day Yr.	Unlisted	
City _____			PLACE OF BIRTH _____	State _____	
Zip _____			City _____	State _____	
Social Security # (optional) _____ - _____ - _____			(Office use) Original B.C. seen? Y / N	_____	

EMAIL ADDRESS: _____

1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. Choose one. ☐ YES, Hispanic (if yes, skip #2) ☐ NO, Not Hispanic (if no, go to #2)

2. Select **ONE OR MORE** races from the following five racial groups:

- ☐ **AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ **ASIAN:** A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.
- ☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island.
- ☐ **BLACK OR AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.
- ☐ **WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Parent/Guardian to Receive Mailings: Mr/Mrs/Ms _____
 Last Name First Name

Relationship _____ pager/cell phone # _____

Occupation _____ Employer's Name _____ Phone & extension _____

Other Parent/Guardian in Household: Mr/Mrs/Ms _____
 Last Name First Name

Relationship _____ pager/cell phone # _____

Occupation _____ Employer's Name _____ Phone & extension _____

OVER

Parents Are: Married ___ Divorced ___ Separated ___ Widowed ___ Remarried ___ Other ___

Who has custody? Name & Relationship _____

If Parents are divorced or separated, Custody papers and, if applicable, any protective orders must be on file.

Please Check If You Or Your Child Meets The Criteria For Homeless Status Below

☐ The living arrangements of the child to be enrolled by this form are within the criteria for Homeless status. The child is not accompanied by an adult, the child is presently living in a shelter, campground, abandoned apartment building, hotel/motel, car, or temporarily housed in a shelter awaiting OCFS permanent foster care placement.

Other Contact(s) in Event of Emergency:

1. _____
Last Name First Name Relationship Phone #

2. _____
Last Name First Name Relationship Phone #

NAMES OF OTHER CHILDREN	SEX	DOB	GRADE	RESIDENCE IF NOT AT HOME

Medically Handicapped: Y / N Describe: _____
Special Education: Y / N IEP 504 _____
Foster Child: Y / N (DSS form must be provided)

OTHER PARENT NOT LIVING WITH CHILD to receive mailings:

Name _____ Relationship _____ Phone/Cell _____

FULL Address _____

Please provide P.O. Box if applicable

NOTE: LEGAL GUARDIANSHIP PAPERS MUST BE PROVIDED

If child is a foster child: **DSS FORMS MUST BE PROVIDED FOR REGISTRATION**

Name of Agency _____ Phone _____

Name of Caseworker _____ Phone _____

If child is a foster child, what city do parents live in? _____

Medical Information: If your child has life threatening health conditions, Inform Office Personnel for additional paperwork.

Family (child's) Doctor: _____ Phone: _____

Other Doctor: _____ Phone: _____

Recent Illnesses/Operations: _____

Current Medications: _____

Current Allergies: _____

Has there been any correction to physical defects? If yes, explain: _____
