

Wharton ISD 20/21 Student Enrollment Information

Grade _____ Entry Date _____ Student ID# _____

SS# _____ Male Female Date of Birth _____

Student Name: _____

(First)

(Middle)

(Last)

Mailing Address: _____

(if different than physical address)

Physical Address: _____

(Street)

(Apt or Unit #)

(City/State)

(Zip)

(MUST PICK ONE) W__ Black/African American__ Asian__ Am. Indian__ Hawiian/PacIsl__ Hispanic__

Has the student repeated a grade level? Yes__ No__ If yes, which one(s): _____

Has the student attended school in Wharton ISD before? Yes_____ No _____

ENROLLING Parent/Guardian **Copy of ID**____ Father Mother Other

Name: _____

(First)

(Middle)

(Last)

Address (if different from student)

(Street)

(Apt or Unit #)

(City/State)

(Zip)

Cell Phone: _____ Work Phone: _____

Home Phone: _____ E-mail: _____

Parent/Guardian Father Mother Other

Name: _____

(First)

(Middle)

(Last)

Address (if different from student):

(Street)

(Apt or Unit #)

(City/State)

(Zip)

Cell Phone: _____ Work Phone: _____

Home Phone: _____ E-mail: _____

(for office use only) Eligibility Code: 0 1 2 3 4 5 Entry Code: O R C Attendance: Half Day or Full Day

Emergency Contact 1 Relation: _____

Name: _____

(First)

(Middle)

(Last)

Mailing/Physical Address (if different from student)

(Street) (Apt or Unit #) (City/State) (Zip)

Cell Phone: _____ Work Phone: _____

Home Phone: _____ E-mail: _____

Is this individual authorized to **pick up** your student from school? Yes _____ No _____

Emergency Contact 2 Relation: _____

Name: _____

(First)

(Middle)

(Last)

Mailing/Physical Address (if different from student)

(Street) (Apt or Unit #) (City/State) (Zip)

Cell Phone: _____ Work Phone: _____

Home Phone: _____ E-mail: _____

Is this individual authorized to **pick up** your student from school? Yes _____ No _____

List any other children attending WISD Schools.

Student Name:	School:	Student Name:	School:

Transportation:

<i>Time of Day:</i>	<i>Car Rider:</i>	<i>Bus Rider:</i>	<i>Address:</i>
Before School	Yes or No	Yes or No	
After School	Yes or No	Yes or No	

I certify that the information I've provided in this document is accurate and that the child named above will be permanently residing at the indicated address. It is my responsibility to notify the school of any change of information.

Parent/Legal Guardian Signature: _____ Date: _____

Signature of Campus Employee Submitting Data: _____ Date: _____