

Washington Community Schools Student Information Form

Student Name _____
(First) (Middle) (Last)

DOB _____ Check if this student has been enrolled in the WCSD previously.

Home Phone _____

Start Date _____ Are you the renter/owner of your residence? Y N
If no to first question, do you reside with another family? Y N

Grade Level _____

County _____ What school district do you reside in? _____

Home Address _____

City, State, ZIP _____

Parent Name (First, Last) _____

Parent Cell Number _____

Parent Email Address _____

Employer _____ Work Phone _____

Ethnicity - Is the student Hispanic or Latino? Yes No

Race - circle all that apply

White Asian Black or African American
American Indian or Alaska Native Native Hawaiian / Other Pac Islander

Gender Male Female

District Last Attended _____

This Section for Internal Use

Parent Username _____ Student Number _____

Parent Password _____ Teacher/Locker# _____