

Check here if you would like school information to be sent via email to the email address listed below.

Date of Enrollment \_\_\_\_\_ Last School Attended \_\_\_\_\_

Teacher at West Co \_\_\_\_\_ Bus at West Co \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
*Last First MI*

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
*911 Street Address City State Zip Code County*

Mailing Address \_\_\_\_\_  
*Address City State Zip Code County*

Siblings \_\_\_\_\_  
*Name Age Name Age*  
Parents Living Together \_\_\_\_\_ Yes \_\_\_\_\_ No  
*Name Age Name Age*

Race \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
*Alternate (if applicable)*

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Highest Grade Completed Mother \_\_\_\_\_ Father \_\_\_\_\_

**In case of illness or accident** and the Parent or Guardian cannot be contacted, the following persons may be called. Please make sure these people are available during school hours and will assume responsibility for your child.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ 1. During the past three years, has either the parent, guardian, spouse, or child been employed (or are any of the aforementioned persons currently employed) in some form of temporary or seasoned agricultural-related work, such as: \*planting, harvesting, or processing crops \*working in an orchard \*worked in a green house \*transporting farm products to market \*feeding or processing poultry, beef, hogs \*working on a dairy farm or a catfish farm \*cutting firewood or logs to sell.

Yes \_\_\_\_\_ No \_\_\_\_\_ 2. Does the student speak a language other than English?

Yes \_\_\_\_\_ No \_\_\_\_\_ 3. Is a language other than English spoken in the home?

Yes \_\_\_\_\_ No \_\_\_\_\_ 4. Does the student currently reside with another family or a person other than family, or in a temporary housing facility?

**Did your child receive special education classes or testing?** \_\_\_ Yes \_\_\_ No. If yes, what services: Learning Disability \_\_\_\_\_ (for Reading \_\_\_ Writing \_\_\_ Math \_\_\_ Spelling \_\_\_) Autism \_\_\_ Mental Retardation \_\_\_ Speech \_\_\_ Language \_\_\_ Emotional Disturbance \_\_\_ Behavior \_\_\_ Blind \_\_\_ Deaf \_\_\_ Traumatic Brain Injury \_\_\_

By Signature: \_\_\_\_\_ Date: \_\_\_\_\_