

Wheatland-Chili Central School District Homeschool Enrollment Form

Please **PRINT** all information.

Student's Last Name:	Student # (for office use only):				
Student's Home Address: Street	;	Student I	nformatio	n	
Street	Student's Last Name:	First Name:	Middle Na	me:	
Date of Birth:	Student's Home Address:		Hom	e Phone:	
Parent/Guardian Information Mr. Mrs. Ms. Miss Dr. Other Last Name First Name MI Does student live with you? Yes No Address if different than student: Street City State Zip Home Phone: Cell Phone: E-mail Address: Relationship to Student: Mother Father Step-Parent Foster Parent City Ci	Street		City/State	Zip	
Parent/Guardian Information Mr. Mrs. Ms. Miss Dr. Other Last Name First Name MI Does student live with you? Yes No Address if different than student: Street City State Zip Home Phone: Cell Phone: E-mail Address: Relationship to Student: Mother Father Step-Parent Foster Parent City Ci					
Mr. Mrs. Ms. Miss Dr. Other Last Name	Age: Date of Birth:	Current G	ade: Date	e Completing Form:	
Mr. Mrs. Ms. Miss Dr. Other Last Name	Devent/Cuardian Info	vmotion	Perent/Cue	rdian Inform	etion
Does student live with you? Yes No Address if different than student: Street					
Does student live with you? Yes No Address if different than student: Street					
Address if different than student: Street		MI	Last Name	First Name	MI
Step State Ztp Home Phone: Cell Phone: E-mail Address: Home Phone: Cell Phone: E-mail Address: Relationship to Student: Mother Father Step-Parent Foster Parent Legal Guardian Other Other Father Guardian Other Step-Parent Has Student Step S					
City State Zip	Street		Street		
Home Phone:	City State	Zip	City	Stata	- 7in
E-mail Address: Relationship to Student:			•		
Step-Parent Foster Parent Legal Guardian Other Other Guardian Other Step-Parent Foster Parent Legal Guardian Other Countries	E-mail Address:				
Name of Last School Attended: School Address and Phone Number: Has Student been classified by the Committee on Special Education and receiving any special education services?	☐ Step-Parent ☐ Legal Guardian ☐ Other	Foster Parent	-	☐ Step-Parent ☐ Fo☐ Legal G☐ Other	oster Parent
School Address and Phone Number: Has Student been classified by the Committee on Special Education and receiving any special education services?	Name Date of E	Birth Sex	Grade	School he/she a	ttends
School Address and Phone Number: Has Student been classified by the Committee on Special Education and receiving any special education services?					
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Parent/Guardian Signature Date	Parent/Guardian Signature			Date	
For office use only: Date Registered: Birth Certificate: Proof of Residency:	For office use only:				