



Wheatland-Chili Central School District Homeschool Enrollment Form

Please **PRINT** all information.

Student # (for office use only):

Student Information

| | | | |
|-------------------------|----------------------|----------------------------|--|
| Student's Last Name: | First Name: | Middle Name: | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Student's Home Address: | | Home Phone: _____ | |
| Street _____ | | City/State _____ Zip _____ | |
| Age: _____ | Date of Birth: _____ | Current Grade: _____ | Date Completing Form: _____ |

Parent/Guardian Information

| | | | | | |
|--|------|------------|-------------------|-----|-------|
| Mr. | Mrs. | Ms. | Miss | Dr. | Other |
| Last Name | | First Name | | MI | |
| Does student live with you? Yes No | | | | | |
| Address if <i>different</i> than student: | | | | | |
| Street _____ | | | | | |
| City | | State | | Zip | |
| Home Phone: _____ | | | Cell Phone: _____ | | |
| E-mail Address: _____ | | | | | |
| Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other | | | | | |

Parent/Guardian Information

| | | | | | |
|--|------|------------|-------------------|-----|-------|
| Mr. | Mrs. | Ms. | Miss | Dr. | Other |
| Last Name | | First Name | | MI | |
| Does student live with you? Yes No | | | | | |
| Address if <i>different</i> than student: | | | | | |
| Street _____ | | | | | |
| City | | State | | Zip | |
| Home Phone: _____ | | | Cell Phone: _____ | | |
| E-mail Address: _____ | | | | | |
| Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other | | | | | |

Names of Brothers and/or Sisters (living with you) - Birth to 21

| Name | Date of Birth | Sex | Grade | School he/she attends |
|------|---------------|-----|-------|-----------------------|
| | | | | |
| | | | | |
| | | | | |

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?
Yes No If Yes, nature of condition: _____

Parent/Guardian Signature _____

Date _____

For office use only:

Date Registered: _____
Birth Certificate: _____ Proof of Residency: _____