



Wheatland-Chili Central School District Homeschool Enrollment Form

Please **PRINT** all information and complete **BOTH** sides of this form.

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 |
| <i>Last Name</i> | <i>First Name</i> | <i>MI</i> | |
| 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 |
| <i>Last Name</i> | <i>First Name</i> | <i>MI</i> | |
| 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: _____ |
|---|