

# W-A-Y Niles Enrollment Form



## Student Information

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City State Country

Ethnicity:  Hispanic  White  Black  American Indian  Other: \_\_\_\_\_  
If you have checked more than on box, please circle ONE Priority

Language used at home (if other than English) \_\_\_\_\_ Student's native language: \_\_\_\_\_

Student lives with:  Both Parents  Mother Only  Father Only  Grandparent(s)  Other: \_\_\_\_\_  
Please List

Home Address: \_\_\_\_\_  
Street City Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Student

## Parent/Guardian Information

Parent Email: \_\_\_\_\_ Would you like to Join our mailing list?  
 Yes  No

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Step-Parent's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Legal Guardian (if other than parent) \_\_\_\_\_  
Name Phone Relationship

Emergency Contact: \_\_\_\_\_  
Name Address Phone Relationship

Is there any person who does not have your permission to contact your child at school? Please provide name and explain

## Previous School Information

Previous School: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Reason for leaving previous school: \_\_\_\_\_

Was the student receiving Special Education services at their last school?  No  Yes

Was the student receiving services through Section 504 Plan at their last school?  No  Yes

Are their any special academic, behavioral, medical, or legal matters we need to now about?  No  Yes Please explain

\_\_\_\_\_

I authorize Niles Community Schools to consent to medical treatment for my child in my absence. I accept responsibility for payment of medical services rendered. In compliance with the "Family Education Rights and Privacy Act of 1974," I grant permission for school records to be released to Q-A-Y Niles/W-A-Y Forward Program.

Parent/Guardian Printed Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY	<input type="checkbox"/> Age Verified	<input type="checkbox"/> Guardianship Verified	<input type="checkbox"/> Proof of Address Received
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