

Wayne County Schools

STUDENT ENROLLMENT FORM <i>Please Print</i>	OFFICE USE ONLY Student ID _____ Grade _____ HR Teacher _____
THIS FORM MUST BE COMPLETED AND SIGNED BY THE STUDENT'S LEGAL PARENT/GUARDIAN	
STUDENT INFORMATION:	
Student's Name: _____ Student's Cell Phone: _____ (Last) (First) (Middle)	
Physical Address: _____ City _____ State _____ Zip _____	
Mailing Address: _____ City _____ State _____ Zip _____	
HEADS OF HOUSEHOLD MAY MAKE CHANGES TO PICK-UP LIST AND HAVE WITHDRAWAL PRIVILEGES:	
Head of Household: Name: _____ Relationship to Student: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ E-Mail _____	
Head of Household: Name: _____ Relationship to Student: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ E-Mail _____	
My child will mainly be: <input type="checkbox"/> Walker <input type="checkbox"/> Pick-Up _____ <input type="checkbox"/> Bus Number _____	
EMERGENCY CONTACTS/PICK-UPS AND CHECK OUTS: **HEADS OF HOUSEHOLD WILL BE CALLED FIRST	
Other than Parents/Guardian: Contacts who will be allowed to pick-up/check out your child:	
1. Name: _____ Phone: _____ Relationship _____ 2. Name: _____ Phone: _____ Relationship _____ 3. Name: _____ Phone: _____ Relationship _____ 4. Name: _____ Phone: _____ Relationship _____	
MCKINNEY-VENTO QUESTIONNAIRE:	
Do you lack a fixed, regular or adequate nighttime residence? <input type="checkbox"/> Yes <input type="checkbox"/> No **If you answered yes, Check all that apply:	
<input type="checkbox"/> living in an emergency or transitional shelter <input type="checkbox"/> moving place to place due to loss of housing <input type="checkbox"/> sharing the house of others due to loss of housing or economic hardship <input type="checkbox"/> student living on own (no parent/guardian) <input type="checkbox"/> temporarily placed by parent/legal guardian with family/friends <input type="checkbox"/> living in a motel or camp ground <input type="checkbox"/> other _____	
ACTIVE MILITARY:	
Parent/guardian is active duty in US Armed Forces <input type="checkbox"/> Yes <input type="checkbox"/> No **If you answered yes:	
Name of Active Duty Member: _____ <input type="checkbox"/> Deployed <input type="checkbox"/> Not Deployed	
Parent/guardian was in the US Armed Forces but is now: <input type="checkbox"/> Discharged <input type="checkbox"/> Inactive <input type="checkbox"/> Injured <input type="checkbox"/> Retired <input type="checkbox"/> Transitioning out of Active Duty	
PARENT/GUARDIAN SIGNATURE:	
My relationship to student: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Legal Papers/Non-Parental Affidavit required) I hereby certify that all the information contained in this form is true and accurate to the best of my knowledge.	
Printed Name _____ Signature _____ Date _____	