

# Wayne County Schools

WCSI

<b>STUDENT INFORMATION FORM</b> <i>PLEASE PRINT</i>  Complete one form for each child in your household that you are enrolling	<b>OFFICE USE ONLY</b> Date Enrolled _____ School _____ Student ID _____ GTID _____
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**STUDENT INFORMATION:**

Student's Name: \_\_\_\_\_  
(Last) (First) (Middle) (Preferred)

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender  Male  Female

**STUDENT ETHNICITY:**

Is this student Hispanic or Latino?  Yes  No

**STUDENT RACE: \*\*Please check all that apply**

What is this student's race?  American Indian/Alaska Native  Black/African American  
 Native Hawaiian/Other Pacific Islander  Asian  White

**ENROLLMENT HISTORY:**

Was this student previously enrolled in Wayne County School System  Yes  No

Previous School: \_\_\_\_\_  
School Name City/State Dates Attended

**PRESCHOOL PROGRAM ATTENDED: \*\* Please choose only one (1)**

HeadStart  Private-for-Profit  Private-not-for-Profit (church based programs)  Did not attend a Pre-K program  
 GA Pre-K Lottery (at public K-12 school)  GA Pre-K Lottery (at private Pre-K Center)  Other \_\_\_\_\_

**SPECIAL PROGRAMS: \*\*Please circle if student is CURRENTLY or was PREVIOUSLY participating in any special programs**

Special Education    Speech    ESOL    Gifted    EIP    SST/504    Other \_\_\_\_\_

**ADJUDICATION/DISCIPLINE:**

Is student currently under any suspension or expulsion?  Yes  No

Has student been indicted, had information filed in court, or been convicted or adjudicated of having committed a felony or any delinquent act which would be a felony if committed by an adult?  Yes  No

**\*\*If you answer yes, please attach complete information with respect to such crime or act.**

**LANGUAGE INFORMATION: What language is spoken at home? \_\_\_\_\_**

What language did student first learn to speak? \_\_\_\_\_ Does parent/guardian read English?  Yes  No

What language does student speak most often? \_\_\_\_\_ Does parent/guardian require an interpreter?  Yes  No

**OTHER CHILDREN THAT LIVE IN THIS HOUSEHOLD:**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_

**NON-CUSTODIAL PARENT: \*\*Who is eligible to receive student records and can be set-up for I-Parent**

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:**

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 \_\_\_\_\_