

**WEST LAFAYETTE COMMUNITY SCHOOL CORPORATION
ENROLLMENT FORM**

*School Specific Info

STUDENT INFORMATION

Last Name: _____ Date of Birth: ____/____/____
 First Name: _____ Country of Birth: _____
 Middle Name: _____ State of Birth: _____
 Preferred First Name: _____ City of Birth: _____
 Gender: _____ Date student first enrolled in a U.S. school: ____/____/____ (mm) (dd) (yyyy)

Student Home Address: _____
 (Number, Street) (Apt. #)
 City: _____ Zip Code: _____

1st Parent/Guardian Name (First, Middle, Last): _____
 Relationship to Student: Mother Stepmother Father Stepfather Guardian
 Parent/Guardian Phone (xxx-xxx-xxxx): _____ Cell Home Work
 Parent/Guardian Email: _____

2nd Parent/Guardian Name (First, Middle, Last): _____
 Relationship to Student: Mother Stepmother Father Stepfather Guardian
 Parent/Guardian Phone (xxx-xxx-xxxx): _____ Cell Home Work
 Parent/Guardian Email: _____

Is the student currently placed with a foster parent/guardian? No
 Yes – Name of Foster Parent/Guardian: _____

Are there any custody or court documents that may impact the school? No
 Yes (If "Yes" is selected, please contact the building principal.)

Other Siblings in the Family (Living at Home)

Name: _____ Grade: _____ School: _____
 Name: _____ Grade: _____ School: _____
 Name: _____ Grade: _____ School: _____
 Name: _____ Grade: _____ School: _____

PREVIOUS EDUCATION/SERVICES

Name of Previous School Attended: _____
 Address/City/State: _____
 Last Day at Previous School: ____/____/____ Grade Level at Previous School: _____

Was the student in good standing upon leaving previous school corporation? Yes
 No; if no, please attach explanation

