

Washington Community Schools Student Information Form

Student Name *(First, Middle, Last)* _____

DOB _____ Check if this student has been enrolled in the WCSD previously.

Home Phone _____

Start Date _____

Grade Level _____

County _____

Home Address _____

City, State, ZIP _____

Parent Name *(First, Last)* _____

Parent Cell Number _____

Parent Email Address _____

Employer _____ **Work Phone** _____

Ethnicity - Is the student Hispanic or Latino? Yes No

Race - *circle all that apply*

- White Asian Black or African American
American Indian or Alaska Native Native Hawaiian / Other Pac Islander

Gender Male Female

District Last Attended _____

Section Below for Internal Use

Student Number _____

Parent Username _____

State ID Number _____

Parent Password _____

HR/Locker # _____