



WILSON COUNTY SCHOOLS
STUDENT INFORMATION FORM

Enrollment Date/Code:
Pupil Number:

School Name Homeroom Teacher Current Grade

STUDENT

Legal Last Name
Legal First Name
Middle Name
Birth Date Male / Female
Main Contact No.
Country of Birth
Does student have 504, IEP, or Other. Please circle Yes / No
If yes, explain

PROPERTY ADDRESS

Address
City & Zip Code

MAILING ADDRESS

Same as Property Address? (Please circle one) Yes / No
Address
City & Zip Code

LIST PREVIOUS SCHOOL & GRADE LEVEL
(City,State)

Where is your child/family currently living? (Check one box only)

- In a single family residence
With more than one family in a house or apartment due to economic hardship
In a shelter or transitional housing program
In a motel, car or campsite
In a foster care placement
Other:

PLEASE COMPLETE BOTH SECTIONS ON ETHNICITY AND RACE (ALL STUDENTS)

ETHNICITY (Please circle one) Hispanic / Latino Non-Hispanic / Latino

RACE (Please circle one or more as needed) Asian American Indian /Alaskan Native Black Hawaiian / Pacific Islander White

PARENT / GUARDIAN (Please circle one) Parent Custody Court Access Legal Document

Mother/Guardian Info

Last Name
First Name
Date of Birth:
(Relationship to student)
Lives with Student Yes / No
Address
Home Phone No.
Day Phone No.
Cell Phone No.
Work / Employment
Email Address
Can pick student up Yes/No

Father/Guardian Info

Last Name
First Name
Date of Birth:
(Relationship to student)
Lives with Student Yes / No
Address
Home Phone No.
Day Phone No.
Cell Phone No.
Work / Employment
Email Address
Can pick student up Yes/No

EMERGENCY CONTACTS (Must be someone other than parents)

Name _____
Relationship to student _____
Can pick student up Yes / No _____
Home Phone _____
Day Phone _____
Cell Phone _____

Name _____
Relationship to student _____
Can pick student up Yes / No _____
Home Phone _____
Day Phone _____
Cell Phone _____

Sibling Info (attending Wilson County Schools):

- 1 Name _____ Relationship _____
Gender: _____ (Male/Female) School _____ Grade _____
- 2 Name _____ Relationship _____
Gender: _____ (Male/Female) School _____ Grade _____
- 3 Name _____ Relationship _____
Gender: _____ (Male/Female) School _____ Grade _____
- 4 Name _____ Relationship _____
Gender: _____ (Male/Female) School _____ Grade _____
- 5 Name _____ Relationship _____
Gender: _____ (Male/Female) School _____ Grade _____

Medical

Doctor Name _____

Allergies _____

Medical Concerns Yes / No _____

If yes, please complete a Confidential Health Information Form

Transportation:

Please circle one Bus No. _____ Walker Car Rider Van Rider Student Drives

Day Care Name _____ Phone No. _____

****Has student ever attended a Wilson County School? Y / N School Name _____**

INFORMATION IN THIS FORM WILL ALSO BE ENTERED INTO POWERSCHOOL AND USED TO CONTACT GUARDIANS IN CASE OF AN EMERGENCY. ALL NUMBERS THAT ARE PROVIDED (INCLUDING WORK NUMBERS) MIGHT BE CALLED IN CASE OF AN EMERGENCY.

Parent/Guardian Signature _____ Date _____