



# Wheatland-Chili Central School District Homeschool Enrollment Form

Student # (for office use only): \_\_\_\_\_

<b>Student Information</b>			
Student's Last Name:	First Name:	Middle Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Student's Home Address:		Home Phone: _____	
Street _____		City/State _____	Zip _____
Age: _____	Date of Birth: _____	Current Grade: _____	Date Completing Form: _____

<b>Parent/Guardian Information</b>					
Mr.	Mrs.	Ms.	Miss	Dr.	Other
<i>Last Name</i>	<i>First Name</i>	<i>MI</i>			
Does student live with you? Yes No					
Address if <i>different</i> than student:					
Street _____					
City _____		State _____		Zip _____	
Home Phone: _____			Cell Phone: _____		
E-mail Address: _____					
Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other					

<b>Parent/Guardian Information</b>					
Mr.	Mrs.	Ms.	Miss	Dr.	Other
<i>Last Name</i>	<i>First Name</i>	<i>MI</i>			
Does student live with you? Yes No					
Address if <i>different</i> than student:					
Street _____					
City _____		State _____		Zip _____	
Home Phone: _____			Cell Phone: _____		
E-mail Address: _____					
Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other					

## Names of Brothers and/or Sisters (living with you) - Birth to 21

Name	Date of Birth	Sex	Grade	School he/she attends

Name of Last School Attended: \_\_\_\_\_

School Address and Phone Number: \_\_\_\_\_

Has Student been classified by the Committee on Special Education and receiving any special education services?  
 Yes No If Yes, nature of condition: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

<b>For office use only:</b> Date Registered: _____ Birth Certificate: _____ Proof of Residency: _____
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