

Whitesboro Central School District

Home of the Warriors

◆ Has student ever attended Whitesboro Schools? Yes No Year _____ Building _____

| STUDENT INFORMATION | | | PLEASE PRINT | |
|--|--|-------------------------------------|--------------------------|-----------------|
| Gender : Male ___ Female ___ | Home Language: _____ | Home Phone () _____ | | |
| Birth date (MM/DD/YYYY) : / / | | Birthplace(City - State - Country): | | |
| Last Name: | First Name: | Middle: | | |
| Home Address: | Apt # | City | State | Zip Code |
| Ethnic Code Categories: (Please circle one) | 1= American Indian or Alaska Native 2= Asian 3= Black or African American 4= Hispanic or Latino 5= Native Haw/Other Pac Islander 6= White | | | |
| Date of 1st POLIO: / / | Previous School Attended: | Date: / / | | |
| City | State | Country | Highest grade completed: | Entering grade: |

| GUARDIAN/FAMILY INFORMATION | | PLEASE PRINT | | Foster Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
|--|--|--------------|------------------------|---|-----------------|
| Guardian 1 -Last Name | | | First Name | | |
| Relationship to this student: | | | | | |
| Home address Apt # City State Zip | | | Home phone : () | | Cell: () |
| Occupation: | | Employer: | | Business Phone: () | |

| | |
|-----------------------|------------|
| Guardian 2 -Last Name | First Name |
|-----------------------|------------|

| | |
|-------------------------------|--|
| Relationship to this student: | If 2nd Guardian at different address, do you want this person to receive school mailings. YES NO |
|-------------------------------|--|

| | | |
|-----------------------------------|--------------------|--------------|
| Home address Apt # City State Zip | Home phone: () | Cell: () |
|-----------------------------------|--------------------|--------------|

| | | |
|-------------|-----------|------------------------|
| Occupation: | Employer: | Business Phone: () |
|-------------|-----------|------------------------|

EMERGENCY INFORMATION:

In case of an emergency at school, parents will be called first. If the school is unable to contact you, please list other emergency contact.

| | | |
|-------|---------------|--------------------------|
| Name: | Phone: () | Relationship to student: |
| | Cell : () | |

| | | |
|-------|---------------|--------------------------|
| Name: | Phone: () | Relationship to student: |
| | Cell : () | |

| | |
|------------|------------|
| Physician: | Telephone: |
|------------|------------|

| | |
|-------------------|-----------------|
| Medical Comments: | Medical Alerts: |
|-------------------|-----------------|

SIBLINGS (List names and birth dates of other children in family)

| | | |
|-------|------|---------|
| Name: | DOB: | School: |
| Name: | DOB: | School: |
| Name: | DOB: | School: |
| Name: | DOB: | School: |
| Name: | DOB: | School: |

I attest that the information provided is true and accurate:

Parent/Guardian Signature:

Date of Application:

Residency Verification Presented: Yes No

Birth Certificate Presented: Yes No

* Rev. 1/06

/For Office Use Only: Intake Initials _____