

# WESTWIND COMMUNITY SCHOOLS

## Student Re-Enrollment Application 2011 - 2012

FOR OFFICE USE ONLY

Grad Year: \_\_\_\_\_ Grade \_\_\_\_\_

ID Number \_\_\_\_\_

SAIS ID \_\_\_\_\_

Entry Date: \_\_\_\_\_

Date: \_\_\_\_\_

### Applicant Information *(Please print neatly)*

**Legal Name** \_\_\_\_\_  
Last/Family/Sur (Enter name exactly as it appears on official documents) First/Given Middle (Complete) Jr. etc

**Preferred name, (Nickname)** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_ **Age** \_\_\_\_\_  
mm/dd/yyyy

**Birth Information:** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_  
City/Town State/Province Country

**Current Mailing Address:** \_\_\_\_\_  
Number & Street Apartment #

City/Town County/Parish State/Province Country Zip/Postal Code

**Telephone Number:** **Home** (\_\_\_\_\_) \_\_\_\_\_ **Cell** (\_\_\_\_\_) \_\_\_\_\_ **Work** (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code Area/Country/City Code Area/Country/City Code

### Family

**Student Lives With:**  Both Parents  Mother  Father  Legal Guardian  Relative  Ward of the Court  Other

If parents live separately, who will receive mailings?  Both Parents  Mother  Father  Guardian  Relative  Other

**If both wish to receive mailings please include 2<sup>nd</sup> mailing address.**

**2<sup>nd</sup> Mailing Address:** \_\_\_\_\_ **Apt.** \_\_\_\_\_ **City** \_\_\_\_\_ **AZ 85** \_\_\_\_\_

**Parent 1:**  Mother  Father  Legal Guardian

**Parent 2:**  Mother  Father  Legal Guardian

\_\_\_\_\_  
Last/Family/Sur First/Given Middle

\_\_\_\_\_  
Last/Family/Sur First/Given Middle

\_\_\_\_\_  
Home address if **different** from above

\_\_\_\_\_  
Home address if **different** from above

\_\_\_\_\_  
Number & Street Apartment #

\_\_\_\_\_  
Number & Street Apartment #

\_\_\_\_\_  
City/Town State/Province Country

\_\_\_\_\_  
City/Town State/Province Country

**Telephone:**

**Home** (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

**Cell** (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

**Work** (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

**E-mail** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Employer** \_\_\_\_\_

Parent Signature \_\_\_\_\_

**Telephone:**

**Home** (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

**Cell** (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

**Work** (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

**E-mail** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Employer** \_\_\_\_\_

Student Signature \_\_\_\_\_

# Emergency Contact Information

## Contact 1

\_\_\_\_\_  
Last/Family/Sur                      First/Given                      Middle

Relationship to Student \_\_\_\_\_

Telephone:

Home (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

Cell (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

Work (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

Is this person authorized to release student?    Yes    No

## Contact 2

\_\_\_\_\_  
Last/Family/Sur                      First/Given                      Middle

Relationship to Student \_\_\_\_\_

Telephone:

Home (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

Cell (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

Work (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

Is this person authorized to release student?    Yes    No

## Contact 3

\_\_\_\_\_  
Last/Family/Sur                      First/Given                      Middle

Relationship to Student \_\_\_\_\_

Telephone:

Home (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

Cell (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

Work (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

Is this person authorized to release student?    Yes    No

## Contact 4

\_\_\_\_\_  
Last/Family/Sur                      First/Given                      Middle

Relationship to Student \_\_\_\_\_

Telephone:

Home (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

Cell (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

Work (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

Is this person authorized to release student?    Yes    No

# Medical Information

Please Note: There is not a school nurse on campus.

Does your student have any medical conditions the school should be aware of?    Yes    No   If yes, please explain \_\_\_\_\_

Are there any physical or mental health conditions or concerns that would place your child at risk?    Yes    No  
Please give a brief explanation: \_\_\_\_\_

Is your student taking any medication?    Yes    No  
If yes, please list and explain \_\_\_\_\_

If yes, will these medications be taken during school hours?    Yes    No

\_\_\_\_\_  
Parent/Legal Guardian Signature                      Date

\_\_\_\_\_  
Student Signature                      Date

## DEMOGRAPHIC QUESTIONNAIRE (Initial all that apply)

### Presently, where does the student stay at night?

Yes  No Student's immediate family resides in their own home or apartment (No one outside of the immediate family is present)

Yes  No With Grandparents, Aunt, Uncle or other family member who is not an immediate family member.

Yes  No With more than one family in a house or apartment.

Yes  No In a group home or group shelter

Yes  No In a motel.

Yes  No In a car.

Yes  No At a campsite

Yes  No Other: \_\_\_\_\_

Yes  No None of the above; explain: \_\_\_\_\_  
\_\_\_\_\_

## Parent Group

Westwind Community Schools would like to include you in all of our email updates. Please provide us with your current email address.

Parent email address \_\_\_\_\_

\_\_\_\_\_ I do not have an email address

\_\_\_\_\_ I would like help setting up an email address

Would you be interested in doing volunteer work at the school?  Yes  No

## Athletics

**Student:** \_\_\_\_\_ **Please Note:** Any student participating in a sport will be required to obtain a physical

Which of the following sports is your child interested in:

Football  Volleyball  Basketball  Soccer  Track  Softball  Cheer

Has your student ever participated in any sports programs?  Yes  No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

I certify that all information submitted in the re-enrollment process – including the application and any supporting materials is factually true, and honestly presented, and that these documents will become the property of Westwind Community Schools to which I am applying and will not be returned to me. I understand that my student may be subject to a range of possible disciplinary actions, including admission revocation, expulsion, or revocation of course credit, grades, should the information I have certified be false.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date