

Grade Applying To: Kindergarten 1st 2nd 3rd 4th

Student & Parent/Guardian Information

Name of Current School:		Current Grade Level:
Student Last Name:	Student First Name:	Student Middle Initial:
Current Address:		
City:	State:	Zip Code:
Date of Birth: _____ / _____ / _____		
Parent/Guardian Last Name:	Parent/Guardian First Name:	Relationship:
Do you have the legal right to enroll this child in school : (Check One): <input type="checkbox"/> Yes <input type="checkbox"/> No		
Preferred Contact Phone Number:	Preferred Contact Phone Number:	Email:

Sibling Information

Are you a <i>new family</i> applying for multiple siblings to attend WPCS for the 2020-2021 SY? (Check One): <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered Yes to the above question- Please list Sibling Name(s):	
Sibling#1	Sibling#3
Sibling#2	Sibling#4
Does the student you are applying for currently have a sibling that attends WPCS? (Check One): <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered Yes to the above question- Please list Sibling Name(s):	
Sibling#1	Sibling#3
Sibling#2	Sibling#4

Parent/Guardian Signature

IMPORTANT: By signing this form, you affirm that you have read the WPCS Application and Enrollment Guidelines and that all information provided on this form is accurate. If any of the information that you have provided changes after submitting this form, please submit an amended application.

Parent/Guardian Signature:	Date:
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INTERNAL USE ONLY	
RECEIVED BY:	DATE RECEIVED: