



WCS ENROLLMENT CENTER
 OhioHealth Medical Building
 300 Polaris Parkway, Suite 3200 Westerville, Ohio 43082
 8:00 am - 12:00 pm / 1:00 pm - 4:00 pm Monday - Friday

NPS Building Code _____

Student ID# _____

PIL

Private/Parochial/Charter/Community School Student Transportation Information Form
2019-20 School Year - DEADLINE FRIDAY, JULY 19, 2019

Student Information ONLY

Last Name: _____ First Name: _____ Middle Name: _____

2019-20 Grade Level: _____ Parent's Primary Contact Phone Number: (_____) _____

Street Address: _____

City: _____ Zip: _____ **BEST** email for communication: _____ @ _____

Date of Birth: _____ Gender (circle one): Male Female

Birthplace City / State: _____ / _____ Country of Birth: _____

If not U.S., please specify date of entry into the U.S.: _____ Date first enrolled in U.S. Schools: _____

Is this student Hispanic/Latino? (circle one): Yes No

The Hispanic/Latino part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following to indicate what you consider your race to be.

What is the student's race? (please check all that apply):

- American Indian or Alaska Native (I)
- Asian (A)
- Black or African American (B)
- Native Hawaiian or Other Pacific Islander (P)
- White (W)

 School of Attendance for 2019-20

 School Address

 Name of Last School Attended 2018-19

 Complete Address of Last School Attended

Has your child ever been enrolled in a Westerville City School? _____ Yes _____ No

If yes, please provide the name of that school(s): _____

Has your student ever been expelled from Westerville City Schools? _____ Yes _____ No

Did you receive school bus service during the 2018-19 school year from Westerville City Schools? _____ Yes _____ No

Are you requesting transportation services for the 2019-20 school year? Yes _____ No _____

If YES, please choose: AM _____ PM _____ BOTH _____ If NO, please sign _____

FOR EC OFFICE USE ONLY

Registration Date: _____ Time: _____

Enrollment Date: _____ Bldg: _____

Registrar: _____

ES: _____ MS: _____ HS: _____ SUB: _____

Parent/Legal Guardian Information ONLY

Parent/Legal Guardian 1:

First Name: _____ Last Name: _____

Relationship to Student: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____ Street Address: _____ Apt #: _____

City: _____ State: _____ ZIP: _____ Employer Name: _____

Parent/Legal Guardian 2:

First Name: _____ Last Name: _____

Relationship to Student: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____ Street Address: _____ Apt #: _____

City: _____ State: _____ ZIP: _____ Employer Name: _____

Is student court-placed or in foster care? (circle one): Yes No (if yes, please provide documentation)

At the time of the birth of this child, biological parents were: ___ single ___ married ___ separated ___ divorced ___ other

Current marital status of biological parents: ___ single ___ married ___ separated ___ divorced

(Section 3313.672 of the Ohio Revised Code requires, at the time of admission of a student to a public school district whose parents are divorced or the subject of a dissolution, that the "residential parent" file a certified copy of the divorce or dissolution decree or order allocating parental rights and responsibilities and designating a residential parent and legal custodian. A certified copy may be obtained from the clerk of the court that issued the decree or order. The residential parent and legal custodian also must file any modification of any order or decree affecting the allocation of parental rights or the designation of residential parent and legal custodian.)

Signature of Parent/Guardian: _____ **Date:** _____

EMERGENCY CONTACT INFORMATION: Please list two additional (2) local contacts, different from parents/guardians

Emergency Contact #1:

First Name: _____ Last Name: _____

Relationship to Student: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

Emergency Contact #2:

First Name: _____ Last Name: _____

Relationship to Student: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

Physician Information:

Name: _____ Phone No. (_____) _____