



## Student Information Form

### General Information

Name (First, Middle, and last) \_\_\_\_\_ DOB: \_\_\_\_\_

Grade enrolling for: \_\_\_\_\_

Gender: ☐ Female ☐ Male

Student's Address/Residence \_\_\_\_\_

State: \_\_\_\_\_ City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Student's Current School Information:

Current School Name: \_\_\_\_\_

Do you give Windham Academy Public Charter School permission to contact this school, if needed? ☐ Yes ☐ No

School Mailing Address \_\_\_\_\_

School Phone Number \_\_\_\_\_ Guidance/ Contact Name: \_\_\_\_\_

### Contact Information

Who should be the parent/guardian **primary** contact during school hours?

First/Last Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Contact Address \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Work phone: \_\_\_\_\_

Who should be the parent/guardian **secondary** contact during school hours?

First/Last Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Contact Address \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Work phone: \_\_\_\_\_



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Are there any legal/custody arrangements in place that affect communication?

☐ Yes ☐ No

If yes:

- (a) provide any relevant legal documents
- (b) indicate with whom the applicant resides
- (c) with whom we should communicate and how, and
- (d) any other details that we should be aware of

Please use this space if you have additional parent/guardian information that you want included in the applicant's file (provide attachments if necessary)

Does this student have a parent/legal guardian who is active duty in the military? \_\_\_\_Yes \_\_\_\_No

Does this student have a parent/legal guardian who is full-time National Guard duty?  
\_\_\_\_Yes \_\_\_\_No

Is the student considered any of the following? Please select all that apply: \_\_\_\_ Migrant  
\_\_\_\_ Refugee \_\_\_\_ Immigrant \_\_\_\_ Foster Child \_\_\_\_ Ward of the State \_\_\_\_ Homeless Child

**Emergency Contacts (3 required, other than primary/secondary contacts)**

**Name #1:** \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Best Contact #: \_\_\_\_\_

Contact Address \_\_\_\_\_ City/Town \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**Name #2:** \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Best Contact #: \_\_\_\_\_

Contact Address \_\_\_\_\_ City/Town \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**Name #3:** \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Best Contact #: \_\_\_\_\_

Contact Address \_\_\_\_\_ City/Town \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_