



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 _____ 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: _____



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 # _____