

**WHEELER HIGH SCHOOL
FOSSIL CHARTER SCHOOL
ENROLLMENT FORM**

STUDENT:

LAST NAME _____ FIRST _____ MI _____ Male _____ Female _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ STATE _____

STUDENT'S CELL# _____

HOME ADDRESS _____ CITY _____ ST _____ ZIP _____

HOME TELEPHONE _____ MESSAGE PHONE _____

GRADE _____ ENTRY DATE(If new student to WHS) _____ SS# _____

LAST SCHOOL ATTENDED _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

LIVES WITH: _____ RELATIONSHIP _____

If student lives with someone other than parent, does this person have legal custody and rights to sign as legal guardian? Yes _____ No _____

PARENTS:

FATHER/GUARDIAN _____ OCCUPATION _____

EMPLOYER _____ WORK PHONE: _____

WORK ADDRESS: _____

MOTHER/GUARDIAN _____ OCCUPATION _____

EMPLOYER _____ WORK PHONE: _____

WORK ADDRESS: _____

ARE THERE ANY PERSONS WHO ARE NOT AUTHORIZED TO PICK UP YOUR CHILD, OR OTHERWISE COME IN CONTACT WITH YOUR CHILD? Explain _____

MEDICAL INFORMATION:

MEDICAL PROBLEMS: YES _____ NO _____ EXPLAIN _____

MEDICATION: YES _____ NO _____ NAME OF MEDICATION _____

ALLERGIES: YES _____ NO _____ ALLERGIC TO: _____

DOES STUDENT CARRY ALLERGY MEDICATIONS (BEE STING KIT, ETC) _____

EMERGENCY CONTACTS:

1. NAME _____ TELEPHONE _____
ADDRESS _____ RELATIONSHIP _____

2. NAME _____ TELPHONE _____
ADDRESS _____ RELATIONSHIP _____

3. NAME _____ TELEPHONE _____
ADDRESS _____ RELATIONSHIP _____