

WILSON SCHOOL DISTRICT CHANGE FORM

<u>To Be Completed By the School</u>			
Student #	Counselor:	Curriculum:	Teacher:
Building:	Homeroom:	Resident:	From:
Grade:	Exceptionality:	Boro/Twp:	Code:
Entry Date:	Year of Grad:		

Change Effective Date: _____

Student Name: _____			
(Last)	(Suffix)	(First)	(Middle)
Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No Choose one or more of the following:			
<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	Date of Birth: _____
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White		Birthplace: _____
			City State
Grade: _____	Sex: M <input type="checkbox"/>	F <input type="checkbox"/>	Country
Student's Address: _____			
Home Phone #: _____		(Listed/Unlisted/Cell)	<input type="checkbox"/> Verified Address
Alternate Mailing Address: _____			
(P. O. Box)			
Student lives with: _____		If divorced or separated, has a custody agreement or court order been provided to the school? _____ Yes/No	
Both Parents, Mother, Father, Other			

Mother: _____	
Address (if different from above): _____	Home Telephone #: _____
_____	Listed/Unlisted
_____	Cell Phone: _____
Place of Employment: _____	Business Phone: _____

Father: _____	
Address (if different from above): _____	Home Telephone #: _____
_____	Listed/Unlisted
_____	Cell Phone: _____
Place of Employment: _____	Business Phone: _____

If applicable, Guardian or Step-Parent. If Guardian, list relationship of guardian to student: _____	
Complete Name: _____	
Address _____	Home Telephone #: _____
_____	Listed/Unlisted
_____	Cell Phone: _____
Place of Employment: _____	Business Phone: _____

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Student Name: _____

Are you the parent/legal guardian of the student: _____	Yes/No	
If no, is an affidavit approved and on file? _____	Yes/No	Reminder: Affidavits must be renewed every school year.

Is the Student being placed by a Social or Legal Agency? _____	Yes/No	If yes, <input type="checkbox"/>	Foster (1305)	<input type="checkbox"/>	Group (1306)
If Yes, placement information forms must be attached and renewed each year.					

Most recent date entered Pennsylvania? _____

Primary language spoken most often in your home? _____

If other than English, Country of Origin _____

All information regarding proof of residency is complete and correct to the best of my knowledge. I/We assume responsibility for notifying the Wilson School District in the event that the above-described circumstances change. I/We understand that false information now, or in the future, may result in the immediate removal of the student/s and will make me personally liable to reimburse the Wilson School District, for, but not limited to, tuition, legal costs, court costs, and administrative costs.

Parent/Guardian Signature

Date _____

School Employee

Date _____