# Constellation Schools: Westpark Community Middle
# 2022-2023 Re-Enrollment Form

**PLEASE COMPLETE THE INFORMATION BELOW FOR YOUR STUDENT FOR THE 2022/2023 SCHOOL YEAR.**

| | | |
|---|---|---|
| Student First Name | Student Last Name | Will this student return next year for 2022-23? ☐ Yes ☐ No ☐ Undecided |
| Street Address (Apt/Unit #) | | Current Student Mailing Address: ☐ Yes ☐ No |
| City | State | Zip Code |
| Birthdate MM/DD/YYYY | Gender | Current Grade |
| Student Lives with: Mother Father Step-Father Step-Mother Aunt Uncle Grandparent Caretaker Foster Parent Other | | |

**PLEASE UPDATE OUR RECORDS FOR YOUR STUDENT'S PRIMARY PARENT/LEGAL GUARDIAN WITH WHOM THEY LIVE:**

| | | |
|---|---|---|
| Primary Guardian First Name | Primary Guardian Last Name | Relationship to Student |
| Home Phone | Mobile Phone | |
| Email | | |
| Street Address | | Apt/Unit # |
| City | State | Zip Code |

**EMERGENCY CONTACTS (when parents/guardians cannot be reached for an emergency or child pick up)**

| | |
|---|---|
| **EMERGENCY CONTACT #1** | |
| First Name | Last Name |
| Primary Phone | Relationship to Student |
| **EMERGENCY CONTACT #2** | |
| First Name | Last Name |
| Primary Phone | Relationship to Student |
| **EMERGENCY CONTACT #3** | |
| First Name | Last Name |
| Primary Phone | Relationship to Student |

**NEW ENROLLMENT OF SIBLINGS/OTHER MEMBERS OF HOUSEHOLD.**

Do you have a sibling(s) or other members of this household you would like to enroll for the 2022/2023 school year? Please complete the basic information below and our Enrollment Team will help you with the new student registration process starting February 1, 2022.

| Student's First & Last Name | Parent/Guardian Name | 2022-23 Grade | Birthdate: MM/DD/YYYY |
|---|---|---|---|
| | | | |
| | | | |

*By completing this form, I verify that I am the parent/legal guardian of the student named in this form and the information I provided is accurate and up-to-date.*

_____ _____ /_____/_____

***Parent/Legal Guardian First & Last Name (Print)*** ***Signature*** ***Date***

****PLEASE ATTACH YOUR DRIVER'S LICENSE/STATE ID & PROOF OF RESIDENCY DATED WITHIN 30 DAYS OF DATE SUBMITTED.****

**OFFICE USE ONLY:**

| State Student ID | Student Number | RE-G-22/23 | Date Received | Staff Initials |
|---|---|---|---|---|
| | | | | |