

# Constellation Schools: Westside Community School of the Arts 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided
Street Address (Apt/Unit #)		Current Student Mailing Address: <input type="checkbox"/> Yes <input type="checkbox"/> 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)**

<b>EMERGENCY CONTACT #1</b>	
First Name	Last Name
Primary Phone	Relationship to Student
<b>EMERGENCY CONTACT #2</b>	
First Name	Last Name
Primary Phone	Relationship to Student
<b>EMERGENCY CONTACT #3</b>	
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.*

_____	_____	/___/____
<b>Parent/Legal Guardian First &amp; Last Name (Print)</b>	<b>Signature</b>	<b>Date</b>

\*\*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
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