



WYANDOTTE SCHOOLS

1st & School Street • P.O. Box 360 • Wyandotte, OK 74370
Superintendent (918) 678-2255
High School • (918) 678-2222 • Middle School
Elementary (918) 678-2299 • Fax (918) 678-3907



Student's Legal Last Name _____

First Name _____

Middle Name _____

Social Security #: _____

Place of Birth: City: _____ State: _____

Grade _____ Sex M: F: Birthdate: _____

Ethnicity: Hispanic/Latino Yes: No:

Race: *(check all that apply)*

- American Indian or Alaska Native
- Asian
- African American
- Native Hawaiian or Pacific Islander
- Caucasian

Native American Tribe: _____ CDIB Card #: _____

Basis of Admission: Resident: Transfer:

Where did the student attend school prior to enrolling at Wyandotte Public Schools?

_____	_____	_____	_____	_____
School Name	Address	City	State	Zip

Special Classes: _____

Legal Guardian: _____

Name of Father: _____ Mother: _____

911 Address: _____

_____	_____	_____	_____	_____
Address	City	State	Zip	

Telephone #: _____ Cell #: _____

Place of Employment: _____

Telephone#: _____ Telephone# _____

Student resides with both Parents Father Mother Grandparents

_____	_____	_____	_____
Student Mailing Address	City	State	Zip

Family Physician _____ Physical Handicaps _____ Comments: _____

Is student taking medications? Yes No Comments: _____

Emergency Contact Person

_____	_____	_____
Name	Relationship	Telephone #

I certify that all the information stated on this enrollment form is true. Any false information given could be grounds for removal from Wyandotte Public Schools.

Parent or Guardian's Signature