

Wood County Educational Service Center
New Student/Change of Information Form

(School Year)

New student

Withdrawn

Change of Info

If change of info, please explain change, then complete pertinent info below: _____

Person Completing Form

Date

Please thoroughly fill in ALL information for new students.

Teacher: _____

Attendant: Y N

Building/District of Attendance: _____

Student's Name: _____

First

Full Middle Name

Last

Nickname: _____ DOB: _____ Grade Level: _____

Entry Date: _____ Withdraw Date: _____

District Prior to Removal (Foster/Court Placed): _____

Responsible District (Child's Current Residence): _____

(District ESC Bills)

Student's Address: _____

Student's City of Birth: _____

City/State/Zip: _____

Phone: _____

Mother's Name: _____

Address (if different): _____

Phone: _____

Cell: _____

Father's Name: _____

Address (if different): _____

Phone: _____

Cell: _____

Student's Race/Ethnicity:
(Please check all that apply)

- ___ Am. Indian/Alaskan
- ___ Asian
- ___ Black/African American
- ___ Hispanic/Latino
- ___ Native Hawaiian/Pacific Island.
- ___ White