

**WILLISTON PUBLIC SCHOOLS  
ADMISSION FORM**

Today's Date: \_\_\_\_\_ School: \_\_\_\_\_

School of Residence: \_\_\_\_\_ Presently in Grade \_\_\_\_\_

Child's Legal Last Name \_\_\_\_\_ Last Name (if different) \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Prefers to be called \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Birth Certificate Presented: Yes \_\_\_\_\_ No \_\_\_\_\_ Number \_\_\_\_\_

How will your child get to and from school: Walk \_\_\_\_\_ Other \_\_\_\_\_

Name and address of school student most recently attended (other than Williston)

\_\_\_\_\_  
Name of School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Has student previously attended Williston Schools? Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_

**Family Background**

Father's Name \_\_\_\_\_

Check one: ( \_\_\_\_\_ Legal Father / \_\_\_\_\_ Stepfather / \_\_\_\_\_ Guardian / \_\_\_\_\_ Foster Parent / \_\_\_\_\_ Other)

Employer \_\_\_\_\_ Employer's Telephone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Check one: ( \_\_\_\_\_ Legal Mother / \_\_\_\_\_ Stepmother / \_\_\_\_\_ Guardian / \_\_\_\_\_ Foster Parent / \_\_\_\_\_ Other)

Employer \_\_\_\_\_ Employer's Telephone Number \_\_\_\_\_

Marital Status (Check One) \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Remarried \_\_\_ Other

Who has Physical Custody? \_\_\_\_\_

Who may we call at work? Father \_\_\_\_\_ Mother \_\_\_\_\_ Both \_\_\_\_\_

Person to Notify, other than Parents, in case of Emergency  
(Please inform this Person that they may be called by the School)

Relationship to Child \_\_\_\_\_ Home Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

Has this Child previously received special services: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please check applicable services: \_\_\_\_\_ Basic skills \_\_\_\_\_ Speech \_\_\_\_\_ LD \_\_\_\_\_ EMH \_\_\_\_\_ TMH \_\_\_\_\_ ED

Health Concerns (Allergies, Asthma, Heart, Diabetes, Seizures, Other):

Medications: \_\_\_\_\_  
\_\_\_\_\_

Special Needs (Hearing, Glasses, Physical, Other): \_\_\_\_\_  
\_\_\_\_\_

Doctor: \_\_\_\_\_ Doctor's Telephone Number \_\_\_\_\_

Address of Non-Custodial Parent so copies of report cards, school reports, etc. can be mailed:  
\_\_\_\_\_

**Procedures:**

Please complete the following admission process:

1. Review the Williston Public Schools Handbook.
2. Sign release of school records form and return it with admission form  
(if not a previous Williston Public School student)
3. Sign and return consent to treatment form.
4. Submit immunization records (may already be included in previous school records).
5. Provide a copy of applicant's birth certificate.
6. Sign and return network policy.

I certify that the foregoing information is true and correct

\_\_\_\_\_  
(Signature of Parent / Guardian)