

Wickliffe City School District

Transportation Student Enrollment Form

Only fill out form if requesting transportation

Instructions for Parent/Guardian: Read carefully and COMPLETE ALL INFORMATION Please print. Do not use nicknames.

School Name: Mater Dei Academy

Student Name _____			
Last Name		First Name	
Middle Name			
Student ID	Birth Date	/ /	Sex: (M/F)

Attending School Mater Dei Academy

GRADE LEVEL								
___ Kindergarten KG	___ Grade 1	___ Grade 2	___ Grade 3	___ Grade 4	___ Grade 5	___ Grade 6	___ Grade 7	___ Grade 8
Effective Entry Date: ___ / ___ / ___								

Street Address _____		Apartment No. _____	
Number	Street	Or Lot No.	
City		State	Zip Code
Preferred Phone# _____	Email _____		

CONTACTS		
Parent/Guardian(s) _____		
Last Name	First Name	Title (father, mother, etc.)
_____	_____	_____
Last Name	First Name	Title (father, mother, etc.)
_____	_____	_____
PRIMARY PHONE CONTACT if needed to contact regarding pick up and drop off: _____		
Father Work # _____	Employer: _____	
Mother Work # _____	Employer: _____	
Emergency Contact (other than parent/guardian): _____		Relationship _____
Phone# _____	Alt. Phone# _____	

Parent Signature	Date