

Granville T. Woods Community Shule

2009-2010 Enrollment Application

Please submit this form immediately.

Name of Student: (Last) _____ (First) _____ (Middle) _____
 Grade of Student in September 2009 (Please Circle): K 1 2 3 4 5 6 Is This Retention? Circle: YES NO
 Please Circle One Race Code: Black White Hispanic Asian American Indian Other: _____
 Please Circle: Male Female Birth Date: _____ (Must be 5 before 10/1/2009 to enroll in Kindergarten)
 Birth City: _____ Student Social Security Number _____ - _____ - _____

First/Last Name(s) of all Custodial Parents/Guardians: _____ Relationship to Child _____
 Custodial Parents/Guardians' ADDRESS: _____ City _____ Zip _____
 Is this a new address: Circle: YES NO Mother's Hm/cell Phone: _____ Mother's Work Phone _____
 If yes, when did you move? _____ Father's Hm/cell Phone: _____ Father's Work Phone _____

Last School Attended _____ Address _____
 Columbus Public School Assigned by Home Address _____

I certify by my signature that the information provided in this application is accurate and true.

SIGNATURE of Custodial Parents/Guardian _____

Additional Contact Name/# _____ _____	If this application is for twins or Triplets list the 2 nd /3 rd name(s) _____ _____	If your child currently has an IEP for Special Education, check this box. <input type="checkbox"/> State Program _____	If your child was expelled for 10 or more days since 8/2008, check the box <input type="checkbox"/>
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*Notify the Shule ASAP if there is a change of any information, especially address or phone number.

Granville T. Woods Community Shule
720 Mt. Vernon Ave.
Columbus, Ohio 43203
(614) 252-3630
Fax (614) 252-3649

Please mail, fax or drop off the application at above address

