



Windsor Charter Academy Middle & Early College High School Athletic/Extra-Curricular Departments Non-WCA Student Information Form



Student Name: _____ Sex: _____ Age: _____ Grade: _____

Parent/Guardian: _____ Contact Number: _____

Parent/Guardian: _____ Contact Number: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Does student reside with parents? Yes No

What school district does student reside? _____

Name of School Attending: _____ Date of Enrollment: _____

School Address: _____ City: _____ State: _____ Zip: _____

Write below the athletic/extra-curricular activity you would like to participate in at WCA:

**** (Only one activity per form)**

Does the school you attend provide the activity checked above? Yes No

School Administrator: _____ Contact Number: _____

**** (Please have grade/eligibility report emailed each Monday morning to
lynne.post@windsorcharteracademy.org)**

Signature of Administrator: _____ Email: _____

I hereby certify that the information provided on this form is complete, truthful and accurate. I understand that my failure to provide complete, accurate and truthful information on this application will be grounds for denial of participation in the program at Windsor Charter Academy.

Printed Student Name

Printed Parent/Guardian Name

Student Signature

Date

Parent Signature

Date