



Windsor Charter Academy Middle & High School Athletic/Extracurricular Departments Non-WCA Student Information Form

Student Name: _____ Gender: _____ Age: _____ Grade: _____

Parent/Guardian: _____ Contact Number: _____

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

Does your student reside with parents/guardians? Yes ☐ No ☐

What school district does your student reside? _____

Name of School Attending: _____ Date of Enrollment: _____

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

What activity would you like to participate in at WCA **(Only one activity per form)**

Does the school you attend provide the sport/activity above? Yes ☐ No ☐

TO BE COMPLETED BY SCHOOL ADMINISTRATOR:

School Administrator: _____ Contact Number: _____

(Please have grade/eligibility reports emailed each Monday morning to jaime.boyle@windsorcharteracademy.org)

Name of School where last two semesters were completed: _____

When were last two semesters completed: _____

Number of semesters previously enrolled since first entering HS: _____

Number of semesters previously enrolled in school currently attending: _____

Number of FULL credit courses (Carnegie Units) passed the last semester attended: _____

Number of FULL credit courses (Carnegie Units) failed last semester attended: _____

Date student became eligible: _____

Number of full credit courses enrolled in current semester: _____

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

Please email this completed form to jaime.boyle@windsorcharteracademy.org or drop it off at Windsor Charter Academy MS or HS Office.