Edison Local School District
ECAT/VLA
Enrollment Application

Name of Student: _____

Name of Parent or Guardian: _____

Address: _____

Home Phone: _____ Cell Phone(s): _____

Parent/Guardian Email Address: _____

Grade Level: _____ Birthdate: _____

Student's District Email Accounts will be used: first.lastname@edisonwildcats.org

Student Email: _____

Does child currently have an IEP? ○ YES ◉ NO

Are you an athlete? ○ YES ◉ NO – If yes cannot be enrolled in fundamentals course.

What school did your child attend during the previous school year? _____

_____
Student Signature Date

_____
Parent Signature Date

_____
Guidance Signature Date

_____
Principal Signature Date

_____
Asst. Superintendent Signature Date

Office Use: ☐ ECAT ☐ VLA

☐ Schedule Changed in DASAL ☐ IEP Reviewed ☐ Entered into Program ☐ Email Sent

Username: Password: