

To: School Nutrition Program

Date: _____

“NEW STUDENT ENROLLMENT FORM”

(Please fax or e-mail this document to Brenda)

“REQUIRED” Information to assign a pin number:

Westview

School _____

Student name _____

Birthday _____

Student Social Security # _____

Student (STAR) ID number _____

Grade _____

Homeroom (first Period)
(exact spelling used in Star) _____
(if you use this option)

Comments or other information:

