

**Vinton County Local School District
Student Enrollment Form**

Grade: _____ Date: _____ School: _____

Has the child been enrolled in Vinton County Schools before? Yes _____ No _____

If yes, school attended: _____ Year(s): _____ Grade(s): _____

_____ B _____ G _____ Birthdate: _____
Last Name First Middle

Address: _____
City State Zip

Place of Birth: _____
City State

Birthdate Verification? Yes _____ No _____ Type of Document: _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Last School Attended: _____
Name of School City State Dates of Attendance

Name of Father/Guardian Place of Birth Occupation
Status: At Home _____ Separated _____ Divorced _____ Step _____ Foster _____ Deceased _____

Name of Employer Address City Telephone

Name of Mother/Guardian Place of Birth Occupation
Status: At Home _____ Separated _____ Divorced _____ Step _____ Foster _____ Deceased _____

Mother's Maiden Name _____

Name of Employer Address City Telephone

Brothers or Sisters Age Brothers or Sisters Age

In case of an accident or illness at school, name a member of the family, neighbor or friend who can ALWAYS be reached:

Name and Relationship to Student Address Telephone (Home/Cell)

Doctor to be called in case of emergency Telephone Medical Insurance Number

Will parent permit health examination by school nurse? Yes _____ No _____

Race/Ethnicity:

1. Is the student Hispanic or Latino? Yes _____ No _____
2. What is the student's race? (You must choose at least one) Valid Options:
_____ White _____ Asian _____ Black or African American
_____ American Indian or Alaskan Native _____ Native Hawaiian or Other Pacific Islander

Signature of Parent/Guardian: _____

Current Custody Papers: Yes _____ No _____