Vinton County Local School District Student Enrollment Form

Has the child been enrolled in Vinton County Schools before? Yes No If yes, school attended:	
Last Name First Middle Address:	
Last Name First Middle Address:	Grade(s):
Last Name First Middle Address:	G Birthdate:
City	
Place of Birth: City	
City Birthdate Verification? Yes No Type of Document: Home Phone: Cell Phone: Ot Last School Attended: Name of School City State Name of Father/Guardian Place of Birth Status: At Home Separated Divorced Step Foster Name of Employer Address City Name of Mother/Guardian Place of Birth Status: At Home Separated Divorced Step Foster Mother's Maiden Name Name of Employer Address City Brothers or Sisters Age Brothers or Sisters In case of an accident or illness at school, name a member of the family, neighbor or friend Name and Relationship to Student Address Doctor to be called in case of emergency Telephone 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 An	State Zip
Birthdate Verification? Yes No Type of Document: Of Last School Attended: Cell Phone: Of Last School Attended: Name of School	State
Home Phone: Cell Phone: Of Last School Attended: Name of School	
Last School Attended: Name of School City State	Other Phone:
Name of School City State	their Fields.
Status: At Home Separated Divorced Step Foster Name of Employer Address City Name of Mother/Guardian Place of Birth Status: At Home Separated Divorced Step Foster Mother's Maiden Name Name of Employer Address City Brothers or Sisters Age Brothers or Sisters In case of an accident or illness at school, name a member of the family, neighbor or friend Name and Relationship to Student Address Doctor to be called in case of emergency Telephone Will parent permit health examination by school nurse? Yes No Race/Ethnicity: 1. Is the student Hispanic or Latino? Yes No What is the student's race? (You must choose at least one) Valid Options: White Asian Black or African An	Dates of Attendance
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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 An	Medical Insurance Number
 Is the student Hispanic or Latino? Yes No What is the student's race? (You must choose at least one) Valid Options: White Asian Black or African An 	
	merican r Other Pacific Islander
Signature of Parent/Guardian:	
Current Custody Papers: Yes No	

Yellow: Attendance Officer

Pink: School Nurse

Copies:

White: School