

DATE _____ **VANOSS PUBLIC SCHOOLS**
2011-2012 STUDENT INFORMATION/ENROLLMENT FORM

NAME: _____ STUDENT ID: _____

GRADE: _____ BIRTH DATE: _____/_____/_____ SOCIAL SECURITY: _____

BIRTH CITY: _____ STATE: _____ GENDER: MALE or FEMALE (Circle one)

Are you Hispanic? Yes _____ No _____

RACE: (Circle one)

- 1 - Black
- 2 - American Indian
- 3 - Asian
- 4. Asian
- 5. Pacific Islander
- 6. White/Caucasian
- 9 - Other _____

IF RACE IS AMERICAN INDIAN, TRIBE (with which child is on roll) _____

SIDE OF FAMILY: FATHER, MOTHER or BOTH CHILD'S ROLL NUMBER _____

ADMISSION: 1 - Resident
2 - Resident of transported area (HS student that lives in Pickett)
3 - Transferred

AUTHENTICITY: (Method used to verify birth date.)

- 1 - Birth certificate
- 2 - Attending physician certificate
- 6 - Last year's register or other school records

IMMUNIZATION: YES

(If new student does not have shot records, see Ann Roberts or Kathi Scofield.)

TRANSPORTATION CODE: (Circle one)

- 2 - Transfer transported
- 3 - Resident transported more than 1.5 miles
- 4 - Resident transported under 1.5 miles

RESIDENT DISTRICT: (Circle one)

- I-009 Vanoss
- I-02 Stratford
- I-16 Byng
- I-19 Ada
- I-24 Latta
- I-30 Stonewall
- I-37 Roff

BUS NUMBER: _____

OTHER _____

LIMITED ENGLISH: YES or NO (Circle yes if language other than English is used in home.)

HOME ROOM: _____ (Elementary only) LOCKER NUMBER: _____ (Middle and High Schools only)

HOME ADDRESS: _____
Street City Zip

COUNTY: _____ HOME PHONE: (____)-_____

EMAIL ADDRESS: (Optional) _____

GUARDIAN #1: _____

Relation to student: _____

EMPLOYER: _____

WORK PHONE: (____)-_____

CELL PHONE: (____)-_____

GUARDIAN #2: _____

Relation to student: _____

EMPLOYER: _____

WORK PHONE: (____)-_____

CELL PHONE: (____)-_____

WITH WHOM DOES STUDENT LIVE: _____

EMERGENCY CONTACT: _____

RELATION TO STUDENT: _____

HOME PHONE: (____)-_____

CELL PHONE: (____)-_____

DOCTOR: _____

PHONE: (____)-_____

NAME OF LAST SCHOOL ATTENDED: _____
 ADDRESS: _____

DIRECTIONS TO RESIDENCE FROM SCHOOL: _____

People **AUTHORIZED** to pick up student: _____ **SIBLINGS** attending Vanoss School:
 NAME: _____ NAME: _____
 NAME: _____ NAME: _____
 NAME: _____ NAME: _____

People **PROHIBITED** from picking up student:
 NAME: _____
 NAME: _____
 NAME: _____

FEDERALLY CONNECTED: (Office use only) _____ (Refer to code sheet for valid entries.)

SPECIAL SERVICES: (Check all that apply)
 _____ IEP _____ OHLAP (High School Only)
 _____ Gifted and talented _____ Other Specify: _____

List any **HEALTH PROBLEMS** or **ALLERGIES**: _____

List any **MEDICATIONS** student takes on a regular basis: (Prescription and/or Over the Counter): _____

Special instructions or precautions regarding these medications: (Adverse reactions) _____

CHECK YES OR NO	YES	NO
I have received a copy of the Vanoss Public Schools handbook.		
I have been given information regarding student accident insurance.		
I wish to purchase student accident insurance.		
I understand that my child must be in attendance 90% of the school year. (See student handbook for complete policy).		
Vanoss School has permission to publish, announce, or publicly acknowledge accomplishments of my child.		
I have been given a copy of the Vanoss Public Schools Drug and Alcohol Policy and understand the designated student will be governed by such a policy. (Handbook – Appendix A)		
I have been given a copy of the Vanoss Schools Internet Policy and understand that the designated student will be governed by such a policy. (Handbook – Appendix B)		
I will read the State Testing Remediation Information – 3 rd grades & up (See Handbook)		
I will read the Extra Curricular Activity Policy – (see handbook)		

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Staff Signature: _____ Date: _____