

Vinita Public Schools
Student Enrollment Form

Today's Date: _____ Grade: _____ Age: _____

Last Name: _____ First Name: _____

Middle Name: _____ Gender: _____ Race: _____

Social Security #: _____ Birthdate: _____

Birth City and State: _____ Previous School Phone: _____

Previous School: _____
(School Name) (Address) (City) (State)

Has your address or phone changed in the last year? Yes No

Parents/Guardians

Name: _____ Name: _____

Address: _____ Address: _____
(street) (ci ty) (street) (ci ty)

E-mail Address: _____ E-mail Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Relationship: _____ Relationship: _____

Resides With Resides With

Emergency Contacts

Name: _____ Name: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

Do you live over 1½ miles from the school? Yes No

Will you ride the bus? Yes No

Please list ALL Children in household and the school district in which they are enrolled:

Name: _____ School: _____
