

# Vance County Schools

## Student Enrollment Form

Student # \_\_\_\_\_ Entry Date: \_\_\_\_\_ Hrm/Teacher: \_\_\_\_\_

Entry Code: \_\_\_\_\_ Transportation: \_\_\_\_\_ Car \_\_\_\_\_ Bus \_\_\_\_\_ Walker

Student Legal Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Social Security # \_\_\_\_\_ Grade: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Has your child ever been enrolled in a Vance County School?  Yes  No Which School? \_\_\_\_\_

Previous School/Address: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(City) (State) (Telephone #) Last Date of Attendance

### PLEASE Answer YES or No to the following:

ESL: Yes or No Speech: Yes or No AIG: Yes or No LEP: Yes or No 504 Plan: Yes or No EC/IEP: Yes or No

Federal Ethnicity: Is the Student Hispanic or Latino?  Yes  No

Race (can check more than one): \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ White  
\_\_\_\_\_ Black or African American \_\_\_\_\_ Native Hawaiian/Other Pacific Islander

Living With: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both Parents \_\_\_\_\_ Guardian/Foster Parent

Address: \_\_\_\_\_  
Street Apt#/Suite

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(City) (State) (Zip Code)

Mailing Address: Same as Home Address  Yes  No

Place Mailing Address in box if different from Home Address:

Mother's Name: \_\_\_\_\_  
(Last) (First)

Home Phone #: \_\_\_\_\_ Unlisted? (Y/N) Cell Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
(Last) (First)

Home Phone #: \_\_\_\_\_ Unlisted? (Y/N) Cell Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Father's Address (If different from home): \_\_\_\_\_  
Street

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Apt#/Suite (City) (State) (Zip Code)

Father's Email Address: \_\_\_\_\_

### Discipline History:

Are you currently suspended from your previous school? YES or NO

Were you ever long-term suspended from any former school or recommended for long-term suspension?  
Yes or No

Have you been convicted of a felony in North Carolina or any other state? YES or No

**Emergency/Medical:**

Doctor's Name: \_\_\_\_\_ Doctor Phone #: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Dentist Phone #: \_\_\_\_\_

Special Medical Condition: \_\_\_\_\_

Allergies: \_\_\_\_\_

**List siblings attending VCS:**

Name : 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Relationship: \_\_\_\_\_

Grade: \_\_\_\_\_

Gender: \_\_\_\_\_

School: \_\_\_\_\_

**Emergency Contacts:**

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Living With : Yes \_\_\_\_\_ No \_\_\_\_\_

Can Pickup Student: Yes \_\_\_\_\_ No \_\_\_\_\_ Speaks English: Yes \_\_\_\_\_ No \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt#/Suite)

\_\_\_\_\_  
(City) (State) (Zip Code)

Home Phone# : \_\_\_\_\_ Daytime Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Living With : Yes \_\_\_\_\_ No \_\_\_\_\_

Can Pickup Student: Yes \_\_\_\_\_ No \_\_\_\_\_ Speaks English: Yes \_\_\_\_\_ No \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt#/Suite)

\_\_\_\_\_  
(City) (State) (Zip Code)

Home Phone# : \_\_\_\_\_ Daytime Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

3. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Living With : Yes \_\_\_\_\_ No \_\_\_\_\_

Can Pickup Student: Yes \_\_\_\_\_ No \_\_\_\_\_ Speaks English: Yes \_\_\_\_\_ No \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt#/Suite)

\_\_\_\_\_  
(City) (State) (Zip Code)

Home Phone# : \_\_\_\_\_ Daytime Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_