

# VALE HIGH SCHOOL ENROLLMENT

Date \_\_\_\_\_

Student Name \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_  
Last First Middle

Student e-mail \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Student Age on last Birthday \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Do you live at home? \_\_\_\_\_  
Month /Day/ Year

Place of Birth \_\_\_\_\_  
City State

Parent/Guardian #1: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Last First Middle Initial

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Parent e-mail \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Last First Middle Initial

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Parent e-mail \_\_\_\_\_

Resident Address \_\_\_\_\_  
Number Street Apt. City State Zip

Mailing Address \_\_\_\_\_  
(If different) Number Street Apt. City State Zip

Please list names and grades of all students enrolled in the Vale School District that live in the home.

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

With whom will your child live with while attending Vale High School? \_\_\_\_\_

Name of school last attended \_\_\_\_\_ Phone: \_\_\_\_\_

Was this student on an IEP, 504 or Title 1 program in last school? YES NO Program\_\_\_\_\_

Principal language spoken in home: English \_\_\_\_\_ Spanish\_\_\_\_\_ Other\_\_\_\_\_

Is this student Hispanic/Latino? Yes No

What is the student's race? **Circle One** American Indian Alaskan Native Asian African American  
Native Hawaiian or other Pacific Islander White

**Emergency Instructions**

In case of an emergency requiring immediate medical attention and the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow their instructions. If it is impossible to contact his physician, the school may make whatever arrangements deemed necessary.

Physician name\_\_\_\_\_ Phone\_\_\_\_\_

**Emergency Contact**

Please list two relatives, friends, or neighbors (preferably Vale residents) who will assume temporary care of your child if you cannot be reached. (Vale High will always contact parents first.)

Name\_\_\_\_\_ Relationship\_\_\_\_\_ Phone\_\_\_\_\_

Name\_\_\_\_\_ Relationship\_\_\_\_\_ Phone\_\_\_\_\_

Please provide any information which you think Vale High School should know about your child's physical, mental, or emotional health which might affect school performance or require special consideration (Medications prescribed, limitation in activities, etc.)\_\_\_\_\_

Does your student require daily medication to be administered during school hours? YES NO

If YES please list medication to be administered by Vale High office staff.\_\_\_\_\_

By signing below, I declare the information provided in this document is true and no information has been withheld, concealed, or misrepresented. I/We understand that I am/We are responsible for informing school officials of any change(s) in the residence of any parent, legal guardian, or other responsible adults. I am/We are also responsible for informing school officials of any changes to the legal custody or guardianship of this child.

Parent Name\_\_\_\_\_

Please Print

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