

ENROLLMENT FORM - VALLEY HEIGHTS ELEMENTARY

GRADE: _____ Preschool (3 yr olds) Kinder-Prep (4 yr olds) FULL LEGAL NAME: _____

For Preschool mark Mon/Thurs ___ or Tues/Fri ___ or No Preference ___ Kinder-Prep is Mon/Tues/Thurs/Fri

NAME CHILD GOES BY (if not their legal name) _____ DATE OF BIRTH: _____ AGE: _____

PLACE OF BIRTH: _____ GENDER: _____ S.SECURITY # _____

ADDRESS: _____ CITY _____ ZIP _____ P.O Box: _____

PHONE (h): _____ (Mother's cell): _____ (Father's cell): _____

STUDENTS RACE: ___WHITE ___AFRICAN AMERICAN ___HISPANIC ___ASIAN ___AMERICAN INDIAN ___PACIFIC/HAWAIIAN

PREVIOUS SCHOOL _____ ADDRESS: _____ PHONE _____

DOES THE STUDENT RECEIVE SPECIAL EDUCATION SERVICES: (IEP or 504) Yes ___ No ___

BROTHERS/SISTERS _____

SCHOOL REACH CALL NUMBER: _____ E-MAIL ADDRESS: _____

PARENT MARITAL STATUS: Married () Divorced () Separated () Widowed () Single ()

NAME OF PARENTS _____

CUSTODIAL PARENT: _____ WITH WHOM DOES CHILD LIVE? _____

MOTHER'S EMPLOYER: _____ WORK PHONE: _____ CELL: _____

FATHER'S EMPLOYER: _____ WORK PHONE: _____ CELL: _____

HIGHEST LEVEL OF EDUCATION FOR: MOTHER _____ FATHER _____

NON-CUSTODIAL PARENT _____

NON-CUSTODIAL PARENT ADDRESS _____

NON-CUSTODIAL PHONE _____ RECEIVES COPIES OF MAILINGS? YES ___ NO ___

(If no, provide school with court orders.)

MEDICAL NOTES

If your child becomes seriously ill or is injured and you or your doctor cannot be reached within a reasonable length of time, may we have your permission to take or send your child for emergency care?

_____ YES _____ NO HOSPITAL PREFERENCE _____

Names of two local relatives or friends in case of an emergency if you can't be reached:

1) _____ PHONE: _____ RELATIONSHIP TO STUDENT? _____

2) _____ PHONE _____ RELATIONSHIP TO STUDENT? _____

Non -discrimination Statement: In accordance with Federal law, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.