



Vici Public Schools School Enrollment Form

Has student EVER attended Vici Public Schools? Yes No
Year _____

FOR SCHOOL USE ONLY:
School Year _____ - _____
Start Date _____
Teacher _____
Bus Route _____

Legal Last Name _____ Legal First Name _____ Middle _____

Preferred Name _____ Grade _____ Gender M F Birth Date ____/____/____

Physical Address _____ Apt # _____

City _____ Zip Code _____ Home Phone (____) _____ Cell Phone (____) _____

Mailing Address (if different from physical address) _____ City _____ Zip _____

Student's cell phone (____) _____ Student's Email Address _____

Ethnicity (Select One)

- Hispanic
 Non Hispanic

Race (Select all that apply)

- American Indian /Alaskan Native
 Asian
 Black/African American
 Native Hawaiian or other Pacific Islander
 White

Is any language *other than* English spoken in your home? Yes No If yes, the primary language spoken at home is _____

Birth Country (if not USA) _____ US Entry Date ____/____/____ First Date in US Schools ____/____/____

Is student a member of an Indian tribe or band? Yes No

Siblings under the age 18 living in the same household:

Name Birth Date Grade Gender (M/F)

Name	Birth Date	Grade	Gender (M/F)

Prior School Information:

Does the student have an IEP or 504? Yes No Has this student ever been retained? Yes No If yes, what grade? _____

Do you live in the Vici school district? Yes No Do you live within Vici city limits? Yes No

Name of last school attended _____ Grade _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ Fax _____

Type of school last attended: Private School Public School Home Schooled Charter School

Is this student currently under suspension from a previous school? Yes No

Pursuant to the School laws of Oklahoma, Vici Public Schools prohibits the attendance of a student under suspension from another school, until such time as the terms of the suspension have been met or the suspension has expired. The circumstances of an individual's suspension may be reviewed.

Parent/Guardian Contact Information

Parent/Legal guardians must be listed as first contacts. (One person per line.)

Legal Guardian/Contact 1:
 Last Name _____ Legal First Name _____ Middle _____
 Address _____ City _____ State _____ Zip Code _____
 (Please indicate the phone number that you would like school notifications/text to be sent to.)
 Cell Phone _____ Home Phone _____ Work Phone _____
 Email Address _____
 Relationship to Student _____ Lives with student? Yes No

Legal Guardian/Contact 2:
 Last Name _____ Legal First Name _____ Middle _____
 Address _____ City _____ State _____ Zip Code _____
 Cell Phone _____ Home Phone _____ Work Phone _____
 Email Address _____
 Relationship to Student _____ Lives with student? Yes No

Contact 3: (List in order of preference for pick-up notification after Legal Guardians)
 Last Name _____ Legal First Name _____ Middle _____
 Address _____ City _____ State _____ Zip Code _____
 Cell Phone _____ Home Phone _____ Work Phone _____
 Relationship to Student _____ Lives with student? Yes No

Contact 4:
 Last Name _____ Legal First Name _____ Middle _____
 Address _____ City _____ State _____ Zip Code _____
 Cell Phone _____ Home Phone _____ Work Phone _____
 Relationship to Student _____ Lives with student? Yes No

Legal/Custody Alert (Official documentation required) _____

Student Medical Information - *If prescription medication is to be administered at school, it must be in the original prescription container and Vici Medication Release Form must be signed by prescribing physician and parent/legal guardian. The medication form can be obtained from the school secretary.*

My child does not have any medical conditions.

Please circle and explain any medical conditions your child has that you would like the school faculty and staff to know.

Conditions	Treatment
Allergies (to) Medication Foods Other	
Asthma	
Diabetes	
Seizure Disorders	
Visual Problems	
Other	

By signing this form I do hereby affirm that the student listed above is not currently under suspension from another district. I also affirm that the facts herein are true. Any false statement subjects the above named student to immediate withdrawal.

Parent/Guardian Signature _____ Date _____