



Has student EVER attended Vici Public Schools? Yes  No   
Year \_\_\_\_\_

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

## Vici Public Schools School Enrollment Form

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 Student's Place of birth (City & State): \_\_\_\_\_

**Siblings under the age 18 living in the same household:**

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 \_\_\_\_\_ Employer \_\_\_\_\_  
 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 \_\_\_\_\_ Employer \_\_\_\_\_  
 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, explain and provide medical documentation for any medical conditions your child has that you would like the school faculty and staff to know about.

Conditions	Treatment
<b>Allergies (to)</b>  Medication Foods Other	
<b>Asthma</b>	
<b>Diabetes</b>	
<b>Seizure Disorders</b>	
<b>Visual Problems</b>	
<b>Other</b>	

*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 \_\_\_\_\_