

VANLUE LOCAL SCHOOL
Kindergarten Enrollment Form

This information requested will become part of your child's school history and is for the use of school personnel only.

School Year: 20____-20____

Student Legal Name:

Last: _____ First: _____ Middle: _____

Address (with PO Box if applicable): _____

City/Zip: _____

County of Residence: _____

School District of Residence: _____

Ethnic Origin (check all that apply)

- ☐ Asian
- ☐ Black or African American (Non-Hispanic)
- ☐ Hispanic/Latino
- ☐ Native Hawaiian or Other Pacific Islander

- ☐ American Indian or Alaskan Native
- ☐ Multiracial
- ☐ White (Non-Hispanic)

If applying for Open Enrollment elsewhere, what school district are you applying to? _____

☐ Male ☐ Female

DOB: ____/____/____ Student's Birth City and State: _____

Custodial Parents/Guardians Names:

Telephone No.: (_____) _____ - _____

Email: _____

Are parents/guardians an active military member? ☐ Yes ☐ No

If yes, what branch of service? _____

Please check with whom is the child living with:

- ☐ One Parent (natural, adoptive, step)
- ☐ Two Parents (natural, adoptive, step)
- ☐ Legal Guardian

- ☐ Foster
- ☐ Grandparent/s
- ☐ Other _____

Are there custody papers? ☐ Yes ☐ No

If yes, legal papers must be presented to the school and any time there has been a change to those orders.

Has your child attended preschool? ☐ Yes ☐ No

If yes, preschool attended: _____

Please continue by filling out the ODE's Language Usage Survey.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____