

## Vidor Independent School District 2017-2018 Student Information

Date: \_\_\_\_\_

**Please Print:**

Birth Certificate Last Name: _____	Campus _____
Birth Certificate First Name: _____	Date of Birth: _____
Birth Certificate Middle Name: _____	Gender: _____
Birth Certificate Suffix: _____	Birth Cert?/ _____
Grade: _____ SS#: _____	Place of Birth _____
Email: _____	

Ethnicity:  **Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)  
 (Check one)  **Not Hispanic/Latino**

**American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.)

Race:  **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand and Vietnam.)  
 (Check one or more)

**Black or African American** (A person having origins in any of the black racial groups of Africa.)

**Native Hawaiian/Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.)

**White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

**Family Information:** Check One:

Who does the child live with? Both Parents \_\_\_\_\_ Father Only \_\_\_\_\_ Mother Only \_\_\_\_\_

Address where child lives: Other: \_\_\_\_\_ Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If child lives with anyone other than his/her birth parent(s), legal name of guardian: \_\_\_\_\_

Phone number where child lives: \_\_\_\_\_ Separate mailing address for report cards? Yes \_\_\_ No \_\_\_

If yes, list separate address: \_\_\_\_\_

**Enrollment Date:** \_\_\_\_\_ **Is this student a former VISD student?** \_\_\_ Yes \_\_\_ No

**If enrolling from another district, please complete the following:**

**Circle One:** School Name: \_\_\_\_\_ School Address: \_\_\_\_\_

Resident: **Yes** (If lives with parent in district)

**No-Circle One:** (Transfer, Open Enrollment, Guardian, Grandparent, etc.)  
 (you must have the appropriate documentation to enroll under these circumstances)

**Comment:**  
 Previous District (if applicable): \_\_\_\_\_

**Circle any that apply:** G/T / Special Education / 504 / Other (Explain) \_\_\_\_\_  
 (Appropriate documentation required for these circumstances)

**For Office Use Only:**

Student Birth Certificate     SS Card     Immunization Records     Residency Verification     Parent's Valid Driver's License

Home Language Survey

USE LEGAL NAME(S) FOR THE INFORMATION PROVIDED BELOW**Primary Residence—Head of Household—Family 1**

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_  
                   Married Divorced Parent  
 Marital Status Single Separated Stepparent

Address: \_\_\_\_\_  
 \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Works at: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Secondary Residence—Family 2—IF APPLICABLE**

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_  
                   Married Divorced Parent  
 Marital Status Single Separated Stepparent

Address: \_\_\_\_\_  
 \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Works at: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Spouse Info if Spouse Lives in Same Household**

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_  
                   Married Divorced Parent  
 Marital Status: Single Separated Stepparent

Cell Phone: \_\_\_\_\_

Works at: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Spouse Info if Spouse Lives in Same Household**

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_  
                   Married Divorced Parent  
 Marital Status: Single Separated Stepparent

Cell Phone: \_\_\_\_\_

Works at: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Signature of Parent/Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_