

Vidor Independent School District 2016-2017 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: _____

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: _____

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: _____

Signature of Parent/Legal Guardian _____ Date _____