



Vaughn Public School
Pupil Enrollment Information
2014-2015

Additional
students on back

You only need to fill out one form per household.

Student's Name: _____ Grade: _____

Student's Physical Address: _____

Home Phone: _____ Date of Birth: _____ Age: _____ SS# _____

Student lives with (circle): Parents Mother Father Stepmother Stepfather Grandparents Other

Guardianship (if other than above): _____

Mother/Stepmother's Name: _____ Land Line: _____ Cell: _____
Text: yes no

Email Address: _____

Mailing Address: _____ City: _____ Zip: _____

Employer: _____ Phone: _____

Father/Stepfather's Name: _____ Land Line: _____ Cell: _____
Text: yes no

Email Address: _____

Mailing Address: _____ City: _____ Zip: _____

Employer: _____ Phone: _____

You can find all the items mentioned below on the school website: www.vaughnschool.com.
Hard copies can be provided upon request.

Waiver Releases:

- I have read, understand, and agree to the terms of the Vaughn School **Code of Ethics for Technology Users**.
 YES _____(initial) NO _____(initial)
- I have read, understand, and agree to the terms of the Vaughn School **Parent/Student Handbook** for 2014-2015.
 YES _____(initial) NO _____(initial)
- I hereby give my child permission to travel on the Vaughn Public School bus for field trips, scheduled activities and sporting events for the 2014-2015 school year.
 YES _____(initial) NO _____(initial)

Continue on back side →

EMERGENCY CONTACT NAME: _____ **Phone:** _____

Relation to student: _____
(Please list someone other than above names)

If necessary, can Vaughn School transport your child to a hospital for treatment by the family physician or emergency room doctor? Yes No

Doctor's Name _____ Phone: _____

Insurance Company & ID # _____

Does the student have any health problems that we should be aware of? Yes No

Does the student have any allergies that we should be aware of? Yes No

Phone numbers and people who may pick up my child from school: _____

Ethnicity (Optional):

- Is this student Hispanic or Latino? YES NO
- Is this student from one or more of these races?
 - American Indian or Alaska Native Asian
 - Black or African American White
 - Native Hawaiian or Other Pacific Islander

2nd Student's Name: _____ Grade: _____

Student's Physical Address: _____

Home Phone: _____ Date of Birth: _____ Age: _____ SS# _____

3rd Student's Name: _____ Grade: _____

Student's Physical Address: _____

Home Phone: _____ Date of Birth: _____ Age: _____ SS# _____

Office Use Only:	W.A.T.C.H.: Y <input type="checkbox"/> N <input type="checkbox"/>	F/R App: Y <input type="checkbox"/> N <input type="checkbox"/>	Current Imm.: Yes <input type="checkbox"/> No <input type="checkbox"/>
District ID: <input type="checkbox"/> _____	AIM'S # _____	Stud. Direct: Yes <input type="checkbox"/> No <input type="checkbox"/>	
District ID: <input type="checkbox"/> _____	AIM'S # _____		
District ID: <input type="checkbox"/> _____	AIM'S # _____		