

Victory Charter School Enrollment Form 2018-2019

Check if you have a new address or contact information.

Please list all children, grades K through 12, enrolled in Victory Charter School

LEGAL NAME REQUIRED: FIRST, MIDDLE AND LAST ETHNICITY CODES:

(1) American Indian/Alaska Native (2) Asian (3) Black/African American

(4) Native Hawaiian/Other Pacific Islander (5) White/Caucasian (6) Hispanic /Latino

First Name	Middle Name	Last Name	Grade	Birth Date	Gender	Ethnicity	Previous School / City if not Victory

Call the office, 442-9400, to confirm siblings that should be on the waiting list or submit a lottery card.

Newsletters and other announcements will be posted on our web site and sent to parent/guardian e-mails

STUDENT HOME ADDRESS:

Child(ren) live(s) with [circle] Father Stepmother Mother Stepmother Other _____

Mother's Home Address _____ City _____ State ____ Zip Code _____

Father's Home Address (*if different*) _____ City _____ State ____ Zip Code _____

Temporary Address and/or Nighttime Residence (if applicable) _____ City _____ State ____ Zip Code _____

Do any other families live at this address? _____ (Yes or No)

CONTACT INFORMATION Please list ALL parents! Circle type of phone under each number.

Student Name	Home Cell Work	Home Cell Work	E-mail
Mother/Legal Guardian	Home Cell Work	Home Cell Work	E-mail
Father/Legal Guardian	Home Cell Work	Home Cell Work	E-mail
Step-Mother/Legal Guardian	Home Cell Work	Home Cell Work	E-mail
Step-Father/Legal Guardian	Home Cell Work	Home Cell Work	E-mail

Who should we call first? _____

Custodial Parent(s) or Guardian(s) Names if applicable: _____

If Student lives in more than one household and has an established schedule please list:

Mother: _____ Father: _____

Please continue on the other side

EMERGENCY NUMBERS

PLEASE LIST TWO LOCAL PEOPLE OTHER THAN YOURSELF.

_____	_____	_____
Name	1 st Phone	2 nd Phone
_____	_____	_____
Name	1 st Phone	2 nd Phone

TRANSPORTATION

Transportation Routine (circle): Bus: AM PM Walker: AM PM Car: AM PM

Others that may transport my child(ren): _____

If student drives to school: Vehicle Make _____ Model _____ Licence Plate # _____

Special classes, IEP, Retentions: _____

Have any of the above students ever been suspended or expelled previously from any school: Yes / No

If yes, provide the name of the school and when: _____

Child Protection Alert – **Legal Document required** _____

MEDICAL:

Medical Information (allergies, medications, other health problems): _____

I give my permission for Victory Charter School to give my child the following medications. (Tylenol, Ibuprofen,

Allergy medicine, cough drops): ____yes ____ no. If your child requires any other medication, you will

need to fill out a medication form @ the school office. The school does not provide allergy medications.

In case of an emergency, if I am not available, the school has my permission to call or take my child to Dr. _____ Phone: _____ or to the hospital.

If at any time the above information changes, notify the Victory office.

The preceding information is accurate and complete to the best of my knowledge.

(Please print *and* sign **all** parent signatures so we have a record of your signature)

Print Name	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____