

2008-2009 Enrollment Form

Return to
USD#338
700 Oak St.
Valley Falls, Ks 66088

	Grade	DOB	Sex	Race	SS# (New Students Only)
Students Name					
Students Name					
Students Name					
Students Name					
Students Name					
Students Name					

Fathers Name
Address
City & Zip
Home Phone#
Work#
Cell#
email address

Mother Name
Address
City & Zip
Home Phone#
Work#
Cell#
email address

Child resides with: Father Mother Both Guardian
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<i>Name of individuals we may contact in case of illness</i> or injury IF PARENTS ARE UNAVAILABLE:
Name
Phone
Name
Phone

<p>Please indicate any required medications, allergies, or health issues as they pertain to your child(ren).</p> <p>All medications coming to school must be in the original container with written permission signed by the parent as to time, date(s) and amount to be given to the child.</p>

<p>My child(ren) has (have) my premission to attend athletic/activity/study trips scheduled during the current school year.</p> <p>Signed _____</p>
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Daycare Provider/Phone

Students New to District/Transfers Date Entered Kansas School System:
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Parent Signature _____