

Student Input Information for VIP

For New Students

Student' Legal Name		
Birth Date		SIS #
Parent's Name		
Address/City/Zip		
Parent's Phone #		Cell #
Guardian's Name		Foster Child? Y N
Address/City/Zip		
Guardian's Phone #		Cell #
Fund Code		
Resident District		
Home School		
Serving District		
Serving School		
<u>Services Beginning Date</u>		
Grade in School (circle one)	01 02 03 04 05 06 07 08 09 10 11 12 14 (Pre-k – Attendance in an early childhood program) 15 (KG: Kindergarten)	
Ethnic Code: (circle one)	Hispanic/Latino American Indian/Alaska Native Asian Black/African American	Native Hawaiian/Pacific Islander White Two or more races
Language	English or _____	
Gender (circle one)	M or F	

For Changing District Only

Student' Legal Name	
Birth Date	
Old Resident District	
End Date Old District	
Fund Code	
New Resident District	
New Serving School	
Student's Beginning Date for Services	

Completed By: _____ Phone: _____
 Email Address: _____

Fax to WOVSED
 618-378-3153

Updated 08/20/2010