

Victory Charter School Enrollment Form K-8 2024-2025

Check if you have a new address or contact information.

Please list all children grades K through 8th enrolled in Victory Charter School.

LEGAL NAME REQUIRED

**RACE CODES: (1) American Indian/Alaska Native (2) Asian (3) Black/African American
(4) Native Hawaiian/Other Pacific Islander (5) White/Caucasian**

ETHNICITY: Is the student Hispanic or Latino? Yes _____ No _____

First Name	Middle Name	Last Name	Nickname	Grade	Birth Date	Gender	Race	Previous School/City

Call the office at 208.442.9400 to confirm siblings that should be on the waiting list or submit a lottery card.

Newsletters and other announcements will be posted on our website and sent to parent/guardian e-mails. If you do not have access to either of these please indicate that you need a hard copy sent home with your student: Yes _____ No _____

STUDENT HOME ADDRESS

Child(ren) live(s) with (circle) Father Stepfather 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) _____

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

Military Connection: Is student a dependent of at least one Active Duty or Reserve member of the United States Armed Forces military services? Yes _____ No _____ If yes, please indicate: Active Duty National Guard or Reserve

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

_____ Father/Legal Guardian _____ Home Cell Work _____ Home Cell Work _____ E-mail

_____ Mother/Legal Guardian _____ Home Cell Work _____ Home Cell Work _____ E-mail

_____ Step-Father/Legal Guardian _____ Home Cell Work _____ Home Cell Work _____ E-mail

_____ Step-Mother/Legal Guardian _____ Home Cell Work _____ Home Cell Work _____ E-mail

Whom should we call first? _____

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 contacts.

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

TRANSPORTATION

Transportation Routine Bus: AM Number _____ PM Number _____ Walker: AM PM Car: AM PM

Others that may transport child(ren) _____

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)

Name of child and medical information: _____

_____ Victory Charter School may dispense the following medications without contacting parent/guardian first. Tylenol, Ibuprofen, Tums.

_____ Please contact parent/guardian first for permission before dispensing the following medications. Tylenol, Ibuprofen, Tums.

If your child requires any other medication, you will need to fill out a medication form at 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 please notify the office.
The preceding information is accurate and complete to the best of my knowledge.

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