

**List of New Enrolling Students
(After October 1)**

Name of School: _____

For Questions Call: _____ **at** _____
Contact Person Name Phone Number

Last Name	First Name	DOB	Gender
1 _____	_____	_____	_____
Address _____			
2 _____	_____	_____	_____
Address _____			
3 _____	_____	_____	_____
Address _____			
4 _____	_____	_____	_____
Address _____			
5 _____	_____	_____	_____
Address _____			
6 _____	_____	_____	_____
Address _____			
7 _____	_____	_____	_____
Address _____			
8 _____	_____	_____	_____
Address _____			
9 _____	_____	_____	_____
Address _____			
10 _____	_____	_____	_____
Address _____			
11 _____	_____	_____	_____
Address _____			
12 _____	_____	_____	_____
Address _____			
13 _____	_____	_____	_____
Address _____			
14 _____	_____	_____	_____
Address _____			
15 _____	_____	_____	_____
Address _____			

This form is Optional
Please fax completed form to: VT AOE/DMAT at (802) 828-6430

DO NOT EMAIL THIS INFORMATION

Contact Information:

If you have questions about this document or would like additional information please contact:
Data Management Administrative Team, (802) 828-1017