

STUDENT INFORMATION SHEET

Date: _____

Full Legal Name:

Preferred Name:

Mailing Address:

Grade:

City, State, Zip:

Physical Address (if different from Mailing Address):

Home Phone:

Cell Phone:

Birthdate:

Gender:

Automated Phone Calling System – Phone number(s) to be called for school or activity cancellations, etc.:

Race and Ethnicity: (Note: Both Part A and Part B of the question **must be** answered.)

Part A:

Is this student Hispanic/Latino? (Choose only one)

No, not Hispanic/Latino

Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student’s race to be.

Part B:

What is the student’s race? (Choose one or more)

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Language Spoken at Home:

Please indicate with whom the student lives:	Both Parents/Guardians	Single Mother	Single Father
	Mother & Stepfather	Father & Stepmother	Grandparents
		Foster Parents	Other

Residential Father/Guardian Name:

Home Address:

City, State, Zip:

Home Phone:

Cell Phone:

Employer:

Work Phone:

Email Address:

Residential Mother/Guardian Name:

Home Address:

City, State, Zip:

Home Phone:

Cell Phone:

Employer:

Work Phone:

Email Address:

Non-Residential Parent Name:

Mailing Address:

City, State, Zip:

Does this student have custodial restrictions? Yes No

If yes, please explain

Check the box below that best describes the current **military status** in your household:

- Student is not military connected
- Student is a dependent of a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Marine Corps, or Coast Guard
- Student is a dependent of a member of the National Guard or Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)

School Last Attended:

School Address:

City:	State:	Zip Code:
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School Phone:	School FAX:
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Does this student receive Special Education services and/or have an IEP?	Yes	No
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Has this student ever been suspended?	Yes	No
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Has this student ever been expelled?	Yes	No
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If yes, reason for expulsion or suspension and name of school:

Is this student currently on probation or diversion?	Yes	No
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If yes, please explain

Is this student a ward of the court?	Yes	No
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If yes, please explain

Medical Information

Please list any medical conditions/considerations (i.e., asthma, diabetes, etc.)

Is this student currently taking prescription medication?	Yes	No
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If so, name of medication:

Will medication need to be administered during school hours?	Yes	No
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Doctor:	Phone:
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Dentist:	Phone:
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I attest that the information contained herein is correct to the best of my knowledge.

(Legal Parent/Guardian Signature)

(Date)