

Demographics Form

Student First Name _____

Grade Level _____

Student Last Name _____

Date Of Birth _____

Student Middle Name _____

Gender _____

Federal ID Number _____

Race/Ethnicity _____

GENERAL

Special Education Yes No

Student Primary Language _____

504 Yes No

Primary Home Language _____

Gifted *N - No* _____

Language of Parent _____

Homeless Yes No

Single Parent Yes No

CONTACT

Student Mobile _____

Student Car Make _____

Student Email _____

Student Car Model _____

Student Home Number _____

Car License Plate _____

Residence County _____

Student Car License Plate State _____

Student Mailing Address _____

Student Residence Address _____

DEMOGRAPHICS - NCLB

Country of Origin *1000 - United States of* _____

Immigrant Yes No
s

Birth State/Province *America* _____

Birth City _____

Birth County _____

Migrant Yes No

Birth Mother's Last Name _____

Student Visa Yes No

Birth Mother's First Name _____

US Citizen Yes No

Private School Student Yes No

Date entered the USA _____

Home School Student Yes No

Date first enrolled in U.S. Schools _____

Foreign Exchange Student Yes No

Date first enrolled in State Schools _____

GUARDIANS - GENERAL

Guardian Legal First Name _____

Guardian Decision Maker Yes No

Guardian Legal Last Name _____

Guardian Alert Yes No

Guardian Legal Maiden Name _____

Guardian Language of Parent _____

Guardian Type _____

Send post office mail correspondence Yes No

Lives with Guardian Yes No

Guardian Alert Text _____

Lives with Parent/Guardian

Days

Sun

Mon

Tue

Wed

Thu

Fri

Sat

Guardian: Mailing Address _____

Guardian: Residence Address _____

Country _____

Email Address _____

Home Phone _____

Work Phone _____

Mobile Phone _____

Work Name _____

Notification Settings:

District Info Email

SMS Text

Phone

School Info Email

SMS Text

Phone

Student Activity Email

SMS Text

Phone

Attendance Email

SMS Text

Phone

EMERGENCY

Emergency Mailing Address _____

Emergency Residence Address _____

Emergency First Name _____ Emergency Home Number _____

Emergency Last name _____ Emergency Mobile Number _____

Contact Order _____ Emergency Work Number _____

Relationship _____ Emergency Email Address _____

Emergency Primary Language _____

May Pick up Student Yes No

Inform in case of Illness Yes No

ENROLLMENT

Start Date _____

TRANSPORTATION

Bus Rider- AM _____

Bus Rider - PM _____