

Student Information

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

S.S.# \_\_\_\_\_ Date of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_ Gender M F

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Last School Attended \_\_\_\_\_ Grade **GOING INTO** \_\_\_\_\_

If your student is going into Kindergarten,  
you have the choice of Full \_\_\_\_\_ or Half \_\_\_\_\_ days.

Parent/Guardian Information

Lives with?

Y N Mother Name \_\_\_\_\_ Email \_\_\_\_\_

Mother Cell Phone: \_\_\_\_\_ Mother 2<sup>nd</sup> Phone: \_\_\_\_\_

Y N Father Name \_\_\_\_\_ Email \_\_\_\_\_

Father Cell Phone: \_\_\_\_\_ Father 2<sup>nd</sup> Phone: \_\_\_\_\_

Y N Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Guardian Cell Phone: \_\_\_\_\_ Guardian 2<sup>nd</sup> Phone: \_\_\_\_\_

Emergency Contacts

Someone other than Parent or Guardian to contact in case of emergency

Name	Home Phone	Work Phone
_____	_____/_____/_____	_____/_____/_____
_____	_____/_____/_____	_____/_____/_____

*For Office Use Only*

Year \_\_\_\_\_ Student Name \_\_\_\_\_

Birth Certificate \_\_\_\_\_ S.S.# \_\_\_\_\_ Immunization \_\_\_\_\_ Lunch Application \_\_\_\_\_ Health Exam \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Grade Level \_\_\_\_\_ Homeroom \_\_\_\_\_ St.ID# \_\_\_\_\_ SAIS# \_\_\_\_\_ Custody Papers? Y \_\_\_ N \_\_\_

Entry Date \_\_\_\_\_ Enter Computer \_\_\_\_\_ IEP Date \_\_\_\_\_ Withdraw/Graduation Date \_\_\_\_\_

**PHLOTE Survey**

(Primary Home Language Other Than English)

**What is the primary language of the student?**

(Answer with the language used most often by the student)

Language: \_\_\_\_\_

**Ethnic Background**

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Black or African American         | <input type="checkbox"/> Hispanic or Latino        |
| <input type="checkbox"/> White                             |  |

**Other Concerns**

- I desire a conference to discuss my student's special needs  
 I have health concerns for my student

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Homeless Survey**

Please answer the following questions:

Are you living in a temporary housing condition due to economic or other hardships?  
Yes No

If yes, is your night-time residence (please select one of the following):

- A live-in shelter or with friends or relatives temporarily?  
 Vehicles, trailers, or in a public place such as a park?

I attest that the above information is correct, and that my child does reside at the address listed above.

\_\_\_\_\_  
**Parent/Legal Guardian**

\_\_\_\_\_  
**Date**