

OFFICE USE ONLY

CHS CMS CGS

STUDENT INFORMATION

Student is New to the District

Full Legal Name: _____
First _____ Middle _____ Last _____ Generation _____

Preferred Name: _____ Social Security Number: _____

Gender: _____ Grade: _____ Birth Date: _____
MM/DD/YYYY

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 Rico, 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 what you consider your student's race to be** Check all that apply.

Part B: What is the student's race?

_____ **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.)

Middle Eastern (A person having origins in any of the original peoples of Egypt, Israel, Iraq, Jordan, Lebanon, Palestine, Syria, or Turkey.)

Spanish (A person having origins in any of the peoples of Spain.)

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

School District of Residence: _____

If you are new to the district, list previous school, city, and state: _____

Is a language other than English spoken in the home: Yes No

Specify language(s): _____

Is there a computer in the home? Yes No

Is there internet access at home? Yes No

STUDENT LIVES WITH (Please check all that apply)

- Both Parents Mother Father Step-Mother Step-Father Grandmother Grandfather
 Foster Parent(s) Guardian Other (Specify): _____

STUDENT RESIDENCY QUESTIONNAIRE

1. Is your current address a temporary living arrangement? Yes No
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

If you answered YES to the above questions, please complete the Student Residency Questionnaire located at the building offices.

MOTHER

Name: _____
Home Phone: _____ Cell Phone: _____ E-mail: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Employer: _____ Work Phone: _____
Send announcements to above listed e-mail address: Yes No

FATHER

Name: _____
Home Phone: _____ Cell Phone: _____ E-mail: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Employer: _____ Work Phone: _____
Send announcements to above listed e-mail address: Yes No

OTHER PARENT / GUARDIAN-A

Name: _____ Relationship to Student: _____
Home Phone: _____ Cell Phone: _____ E-mail: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Employer: _____ Work Phone: _____
Is the child to have contact with them: Yes No
Should Non-Custodial Parent receive Grades District Newsletter Announcements

OTHER PARENT/GUARDIAN-B

Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work Phone: _____

Is the child to have contact with them: Yes No

Should Non-Custodial Parent receive Grades District Newsletter Announcements

CUSTODY INFORMATION (If parents are divorced or separated, please provide the following Copy of Court Documentation is Required.)

- Court Documentation Attached Court Documentation on File in Office
 Joint Custody Sole Custody Mother Sole Custody Father Sole Custody Grandparent
 Other (Specify): _____

Example: Are there adults who do not have permission to pick students up?

Emergency Information

Family Physician: _____ Office Phone: _____

Family Dentist: _____ Office Phone: _____

Emergency Contacts (If Custodial Parent or Guardian can not be reached)

Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Transportation

After School Plans: Bus #: _____ Walk: Yes No Pick Up: Yes No

Kdg Zone: _____ Zone 1: _____ Zone 2: _____ Zone 3-5: _____

By signing below I attest that the information contained herein is correct to the best of my knowledge.

(Legal Parent/Guardian Signature)

(Date)