

Student Demographics Data Sheet

(Please Complete Front and Back of Form)

Student Information:

Sex Grade

First Name (As stated on Birth Certificate) Middle Last Name M/F 7-12

(Mailing Address) (City) (State) (Zip Code)

(Physical Address if different from Mailing address)

E mail address

I would like to receive the Morning Messenger daily.

Nickname (if any): _____

Phone: (____) _____ - _____

Birthdate: ____/____/____

Birth County: _____

Birth City: _____

Birth State: _____

Birth Country: _____

Mother's Maiden Name: _____

Do you live in the district? _____

Bus Driver's Name: _____

Absence Verification : (____) _____ - _____

Race: (check one)

___ American Native or Alaska Native

___ Black/African American

___ Hispanic or Latino

___ White _____ Asian

___ Native Hawaiian/Other Pacific Islander

___ Multiracial

Are you Hispanic or Latino? Yes or No

Is student's Birth Certificate on file with the school? _____

Is student's Social Security Card on file with the school? _____

Has your child received Special Education services, including speech and language, occupational therapy, and physical therapy? Yes or No

Is a language other than English spoken in your home? _____ Other _____

Does your child speak a language other than English? _____ Other _____

Student license plate number if student will be driving to school: _____

Guardian: (Who the student lives with)

(Title Mr., Mrs., Ms.) (First Name) (Last Name) (Relationship to Student)

Guardian Home Marital Status: (circle one) S M D W

* Legal documentation must be provided to the district if special custodial guidelines are to be followed.

Presently, are you and/or your immediate family members in any of the following situations?

_____ The student lives with an adult who is not a parent or legal guardian, or alone without an adult

_____ Staying with relatives or other due to lack of housing, economic hardships, or similar reason

_____ In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

_____ In a motel

_____ In a shelter

_____ Unknown nonpermanent nighttime residence

Student has a parent or guardian that is a member of the United States Armed Forces: Yes or No

Currently deployed: Yes or No

Expects to be deployed sometime during the school year: Yes or No

Parental Information: (Do not list parent addresses if same as student address above)

Father: _____
Address: _____
City: _____ State _____ Zip _____
Employer: _____
Work Phone: (____) _____ - _____
Extension: _____
Cell Phone: (____) _____ - _____

Mother: _____
Address: _____
City: _____ State _____ Zip _____
Employer: _____
Work Phone: (____) _____ - _____
Extension: _____
Cell Phone: (____) _____ - _____

Sibling Information

Brother/Sister _____ School Attending _____
Birthdate: _____ M / F (Circle one)
Brother/Sister _____ School Attending _____
Birthdate: _____ M / F (Circle one)
Brother/Sister _____ School Attending _____
Birthdate: _____ M / F (Circle one)
Brother/Sister _____ School Attending _____
Birthdate: _____ M / F (Circle one)

*Student's authorized emergency call and pickup list. **Only the contacts listed below will be allowed to pick up the student.**

Emergency 1:

Contact: _____
Work #: _____
Cell #: _____
Relationship: _____

Emergency 2:

Contact: _____
Work #: _____
Cell #: _____
Relationship: _____

Emergency 3:

Contact: _____
Work #: _____
Cell #: _____
Relationship: _____

Emergency 4:

Contact: _____
Work #: _____
Cell #: _____
Relationship: _____

Physician:

Contact: _____
Phone 1: (____) _____ - _____
Phone 2: (____) _____ - _____

Parent/Guardian Signature: _____

Date: _____