

School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade: \_\_\_\_\_ Area No.  Entry Date: \_\_\_\_\_ Permanent ID# \_\_\_\_\_  
 (Office Use Only) (Circle current grade)

Student's Name: \_\_\_\_\_ Sex: M F Birthdate: \_\_\_/\_\_\_/\_\_\_ Grade: K 1 2 3 4 5 6 7 8  
 Mo. Day Yr.

Home Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Birthplace: \_\_\_\_\_

Mailing Address: (If different) \_\_\_\_\_ P. O. Box: \_\_\_\_\_ Social Security # \_\_\_\_\_

Last School Attended: \_\_\_\_\_  
 School Address City State Zip

Was student previously enrolled in this District? Y or N If yes, what year? \_\_\_\_\_ What School? \_\_\_\_\_ What grade? \_\_\_\_\_

| PARENT AND/OR GUARDIAN INFORMATION     | OCCUPATION /EMPLOYER         | BUSINESS PHONE |
|----------------------------------------|------------------------------|----------------|
| Father _____<br>last First             | _____<br>Occupation Employer | _____<br>Phone |
| Mother _____<br>last First             | _____<br>Occupation Employer | _____<br>Phone |
| Guardian _____<br>last First           | _____<br>Occupation Employer | _____<br>Phone |
| Other adults living in your home _____ | _____<br>Occupation Employer | _____<br>Phone |
|                                        |                              | Relationship   |

**PARENT EDUCATION LEVEL (circle one)**

|         |                                                     |                                               |                                                  |                                        |
|---------|-----------------------------------------------------|-----------------------------------------------|--------------------------------------------------|----------------------------------------|
| Father: | <input type="checkbox"/> Not a High School Graduate | <input type="checkbox"/> High School Graduate | <input type="checkbox"/> Some Colle College Grad | <input type="checkbox"/> Post Graduate |
| Mother: | <input type="checkbox"/> Not a High School Graduate | <input type="checkbox"/> High School Graduate | <input type="checkbox"/> Some Colle College Grad | <input type="checkbox"/> Post Graduate |

**STUDENT LIVING WITH**  
 (Please check  one)

Both Parents  
 Father Only  
 Mother Only  
 Father & Stepmother  
 Father & Other  
 Mother & Stepfather  
 Mother & Other  
 Foster Parents  
 Legal Guardian (Relationship: \_\_\_\_\_)

**WHAT IS YOUR CHILD'S ETHNICITY?** (Please check one)  
 Hispanic or Latino  No  Yes

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**WHAT IS YOUR CHILD'S RACE?**

American Indian or Alaskan  
 Asian  
 Black or African American  
 Native Hawaiian or other Pacific Islander  
 White

*Please mark one or more of the above to indicate what you consider your race to be.*

In the last two years has your student been in any of the following programs?  
 (Check all that pertain to your student)

|                                               |                                              |
|-----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Resource Specialist  | <input type="checkbox"/> Gifted and Talented |
| <input type="checkbox"/> Special Day Class    | <input type="checkbox"/> Counseling          |
| <input type="checkbox"/> Speech               | <input type="checkbox"/> Adaptive P. E .     |
| <input type="checkbox"/> Other Explain: _____ |                                              |

Does your student have a 504 plan? Yes No Year?

Has your student ever had problems with:  Vision  Hearing  Other health factors: \_\_\_\_\_

Has your student been expelled or involuntarily transferred? Yes No If yes, which one? \_\_\_\_\_ What grade? \_\_\_\_\_

Is your student presently on probation? (circle one) Yes No N/A Name of Probation Officer? \_\_\_\_\_