



# STUDENT DATA COLLECTION FORM

## 2018-2019

ENR	
WD	

Last Name: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Grade: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Race: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Physical/E911 Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ T-Code: \_\_\_\_\_  
 City: \_\_\_\_\_ Bus #: AM \_\_\_\_\_ PM \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Area Code: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Priority Phone #: \_\_\_\_\_  
 Ethnicity (must choose one) Hispanic/Latino  or Not Hispanic/Latino   
 Choose all that apply: White  Black or African American  American Indian or Native Alaskan  Native Hawaiian or Pacific Islander   
 Asian  Who's identifying student's race? Parent/Guardian  Child  Observer  Unknown   
 First Language Your Child Began to Speak: \_\_\_\_\_ Country of Origin: \_\_\_\_\_  
 Language Spoken Most Often by Student in the Home: \_\_\_\_\_  
 Language Spoken Most Frequently in the Home/Primary Language Spoken to Child: \_\_\_\_\_

Yes or  No This student was expelled and/or adjudicated guilty/convicted of crimes.  
 (If you answered yes to the previous question please fill out policy form (09.12 AP.23))

### GUARDIAN INFORMATION

#### Guardian #1

#### Guardian #2

Full Name: \_\_\_\_\_  
First Middle Last  
 DOB: \_\_\_\_\_  
 Physical/E911 Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Priority Phone #: \_\_\_\_\_  
 Relation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Race: \_\_\_\_\_ Primary Language: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Full Name: \_\_\_\_\_  
First Middle Last  
 DOB: \_\_\_\_\_  
 Physical/E911 Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Priority Phone #: \_\_\_\_\_  
 Relation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Race: \_\_\_\_\_ Primary Language: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Please list any siblings living at home and the school, if any, they attend.

\_\_\_\_\_  
 \_\_\_\_\_

### HOME DIRECTIONS

Please give directions to your home: \_\_\_\_\_

**\*Notify the school when there is a change of address, phone, etc.**

## EMERGENCY INFORMATION

Is your child on any routine medication?  Yes  No

If yes, please list: \_\_\_\_\_

Does your child have allergies, such as allergic to medication(s) or insect bites?  Yes  No

If yes, please specify: \_\_\_\_\_

Does your child have a history of:  heart disease,  diabetes,  T.B.,  nervous disorder,  
 epilepsy,  ear infection,  seizure,  asthma,  Other \_\_\_\_\_

If yes, please describe any special emergency treatment that may be required:

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

In case of emergency, accident, or serious illness of the above named child, I request the school contact Guardian 1 or Guardian 2 listed on this form. If school personnel are unable to contact Guardian 1 or Guardian 2, I hereby authorize them to call the person(s) listed below.

**The following people are authorized to pick my child up from school or a school-sponsored activity:**

Name (First, Middle, Last)	Relationship	Phone Number
1.		
2.		
3.		

**\*Anyone picking a child up from school must be prepared to present a photo I.D.**

Are there court orders concerning the custody and/or visitation of your child?  Yes  No

- If yes, have you provided the school with an official copy of the legal documents to place in your child's folder?  Yes  No

**\*Legal documents must be on file in order to permit or deny a parent the right to pick his/her child up from school.**

## EARLY DISMISSAL

In the event of early dismissal, your child will follow normal daily transportation methods unless specified otherwise. When school is dismissed early for any reason, I would prefer the following:

My child will ride the bus home

My child will be picked up at school in a timely manner

Other: \_\_\_\_\_

I swear or affirm that to the best of my knowledge or belief, the statements and information contained above are true, factual, and complete. If it is impossible to contact the physician named above, I hereby authorize the school to take action necessary to maintain the student's health.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Review/Revised:6/28/10