

STUDENT INFORMATION SHEET

FULL NAME OF CHILD: \_\_\_\_\_  
(First) (Middle) (Last)

FULL MAILING ADDRESS: \_\_\_\_\_  
(Include Street or Fire Number) City State Zip

TELEPHONE NO: (Home) \_\_\_\_\_ COUNTY OF RESIDENCE: \_\_\_\_\_

ETHNICITY (Race): \_\_\_\_\_ GENDER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CITY OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ FAMILY DOCTOR: \_\_\_\_\_

DATE OF FIRST DTP/DTaP/DT/TD Shot: \_\_\_\_\_ TELEPHONE NO: (Doctor) \_\_\_\_\_

ALLERGIES: \_\_\_\_\_ DISABILITIES: \_\_\_\_\_

LIST ALL SERIOUS ILLNESSES & CHILDHOOD DISEASES YOUR CHILD HAS HAD: \_\_\_\_\_

DATE OF ENROLLMENT: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

IS YOUR CHILD RECEIVING TITLE I SERVICES? (Check One) Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, FOR WHAT SUBJECT AREAS DOES YOUR CHILD RECEIVE SERVICES? \_\_\_\_\_

DOES YOUR CHILD QUALIFY FOR FREE OR REDUCED MEALS? Free \_\_\_\_\_ Reduced \_\_\_\_\_ Neither \_\_\_\_\_

DOES YOUR CHILD RECEIVE SPECIAL EDUCATION SERVICES? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, WHAT IS THE PRIMARY DISABILITY? \_\_\_\_\_

WHAT IS THE SECONDARY DISABILITY IF ANY? \_\_\_\_\_

WHAT WAS THE DATE OF THE LAST IEP? \_\_\_\_\_

WHAT WAS THE DATE OF THE LAST MET? \_\_\_\_\_

FAMILY DATA

MOTHER

FATHER

NAME: \_\_\_\_\_  
(First & Maiden)

\_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_  
(State or Country)

\_\_\_\_\_ (State or Country)

DATE OF BIRTH: \_\_\_\_\_

\_\_\_\_\_

GRADE LEVEL OF SCHOOLING: \_\_\_\_\_

\_\_\_\_\_

GENERAL OCCUPATION: \_\_\_\_\_

\_\_\_\_\_

LANGUAGE SPOKEN IN HOME: \_\_\_\_\_

IF PARENTS ARE PARTED, WITH WHOM DOES CHILD RESIDE? (Check One) MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_

IS THERE A STEP-PARENT? (Check One) MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_

IS THERE A GUARDIAN? \_\_\_\_\_ IF YES, PLEASE GIVE NAME: \_\_\_\_\_

OTHER CHILDREN IN FAMILY

NAME BIRTH DATE  
\_\_\_\_\_  
\_\_\_\_\_

NAME BIRTH DATE  
\_\_\_\_\_  
\_\_\_\_\_