

STUDENT DATA COLLECTION FORM



2015-2016

PLEASE PRINT

Was your child previously enrolled in any WV school (Y/N)? If Yes, name of County: _____

If Yes, what was the Original Enrollment Date? ___/___/___ Last School Attended: _____

Did this child attend preschool?

____ Yes. Name of preschool attended _____

____ No Reason child did not attend preschool (i.e., cost, transportation, not interested, etc. _____

School: _____ Date: _____

Student Legal Name: _____ Sex: _____
(No nicknames, please) Last First Middle Other

Birthdate: ___/___/___ Birthplace: _____
mm dd yy City State

Class: _____* Social Security Number: _____-_____-_____
Pre-School FTE: P1 through P9 (dependent on FTE), Early childhood FTE: E1 through E9 (dependent on FTE),
OK, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12 Post Graduate=PG

Transfer from: _____
School City State

Home Phone: (304) _____-_____-_____
All phone numbers must include Area Code Unlisted? _____ (Y or N)

Year of Graduation: _____* Career Cluster: _____ Pathway: _____
*Grade: K=28; 1st=27; 2nd=26; 3rd=25; 4th=24; 5th=23; 6th=22; 7th=21; 8th=20; 9th=19; 10th=18; 11th=17; 12th=16
BM; ET; FH; HE; HU; SN E; P; S;
(Secondary only)

Native Language: _____*
(Language Spoken in Home) Print Other Not Shown
EN=English; SP=Spanish; FR=French; JA=Japanese;
GR=German; IT=Italian; PO=Polish; AR=Arabic;
CC=Chinese Cantonese; CM=Chinese Mandarin;
CR=Creole (French); HI=Hindi; HM=Hmong; KO=Korean;
LA=Laotian; NA=Navajo; PT=Portuguese; RU=Russian;
TA=Tagalog; TH=Thai; VT=Vietnamese

Ethnic Group: (Mark Both Questions Below)
1. Are you of Hispanic Origin? Yes / No
2. What is your race? Choose one or more of the race categories
___ American Indian or Alaska Native
___ Asian
___ Black or African American
___ Native Hawaiian or Other Pacific Islander
___ White

*IF A LANGUAGE OTHER THAN ENGLISH IS NOTED, PLEASE NOTIFY TITLE III DIRECTOR IMMEDIATELY.

Transportation: _____* BUS AM: _____ PM: _____
*01 =Bus Student; 02 =Non-Bus Student;
03 =Bus Student Paid 04 =Non-bus Student Paid

PRIMARY GUARDIAN (Specify: Father/Mother/Other: _____) (Call Order: (1 2 3 4 ____))

Name: (Last, First Middle) _____

Address: _____

Mailing Address: (if different) _____

City, ST, Zip: _____ Phones: Home: () ____ - _____ Unlisted?_

Employer: _____ Work: () ____ - _____ EXT: _____

Occupation: _____ Cellular: () ____ - _____ EXT: _____

E-mail: _____

SECONDARY GUARDIAN (Specify: Father/Mother/Other: _____) (Call Order: (1 2 3 4 ____))

Name: (Last, First Middle) _____

Address: _____

Mailing Address: (if different) _____

City, ST, Zip: _____ Phones: Home: () ____ - _____ Unlisted?_

Employer: _____ Work: () ____ - _____ EXT: _____

Occupation: _____ Cellular: () ____ - _____ EXT: _____

E-mail: _____ Pager: () ____ - _____ EXT: _____

Do you live with someone other than a parent? _____

*IF YOU LACK A REGULAR RESIDENCE; LIVE IN MOTEL/HOTEL; OR ARE LIVING WITH A FRIEND OR RELATIVE DUE TO LOSS OF HOUSING, PLEASE INFORM THE PRINCIPAL IMMEDIATELY.

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Emergency Contact: *Person other than parent or guardian who could be contacted in case of emergency.

Additional Contact: (Specify Relationship: _____) (Call Order: (1 2 3 4 ____))

Name: (Last, First Middle) _____

Address: _____

Mailing Address: (if different) _____

City, ST, Zip: _____ **Phones: Home:** () ____ - _____ **Unlisted?** _

Employer: _____ **Work:** () ____ - _____ EXT: _____

Occupation: _____ **Cellular:** () ____ - _____ EXT: _____

E-mail: _____ **Pager:** () ____ - _____ EXT: _____

Physician:

Name: _____

Address: _____

City, ST, Zip: _____ **Phone:** () ____ - _____ EXT: _____

Additional Contact: (Specify Relationship: _____) (Call Order: (1 2 3 4 ____))

Name: (Last, First Middle) _____

Address: _____

Mailing Address: (if different) _____

City, ST, Zip: _____ **Phones: Home:** () ____ - _____ **Unlisted?** _

Employer: _____ **Work:** () ____ - _____ EXT: _____

Occupation: _____ **Cellular:** () ____ - _____ EXT: _____

E-mail: _____ **Pager:** () ____ - _____ EXT: _____

Additional Contact: (Specify Relationship: _____) (Call Order: (1 2 3 4 ____))

Name: (Last, First Middle) _____

Address: _____

Mailing Address: (if different) _____

City, ST, Zip: _____ **Phones: Home:** () ____ - _____ **Unlisted?** _

Employer: _____ **Work:** () ____ - _____ EXT: _____

Occupation: _____ **Cellular:** () ____ - _____ EXT: _____

E-mail: _____ **Pager:** () ____ - _____ EXT: _____

Special Instructions
