

# STUDENT DATA COLLECTION FORM



PLEASE PRINT

2016-2017

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) \_\_\_\_\_ - \_\_\_\_\_ Unlisted? \_\_\_\_\_ (Y or N)  
All phone numbers must include Area Code

Year of Graduation: \_\_\_\_\_ \* Career Cluster: \_\_\_\_\_ Pathway: \_\_\_\_\_  
\*Grade: K=29; 1<sup>st</sup>=28; 2<sup>nd</sup>=27; 3<sup>rd</sup>=26; 4<sup>th</sup>=25; 5<sup>th</sup>=24; 6<sup>th</sup>=23; 7<sup>th</sup>=22; 8<sup>th</sup>=21; 9<sup>th</sup>=20; 10<sup>th</sup>=19; 11<sup>th</sup>=18; 12<sup>th</sup>=17  
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.

# STUDENT DATA COLLECTION FORM

**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** \_\_\_\_\_

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