

STUDENT DATA COLLECTION FORM



2017-2018

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

Year of Graduation: _____ * Career Cluster: _____ Pathway: _____
*Grade: K=30; 1st=29; 2nd=28; 3rd=27; 4th=26; 5th=25; 6th=24; 7th=23; 8th=22; 9th=21; 10th=20; 11th=19; 12th=18
BM; ET; FH; HE; HU; SN E; P; S;
(Secondary only)

Native Language: _____ * Ethnic Group: (Mark Both Questions Below)
(Language Spoken in Home) _____ Print Other Not Shown
EN=English; SP=Spanish; FR=French; JA=Japanese; 1. Are you of Hispanic Origin? Yes / No
GR=German; IT=Italian; PO=Polish; AR=Arabic; 2. What is your race? Choose one or more of the race categories
CC=Chinese Cantonese; CM=Chinese Mandarin; ___ American Indian or Alaska Native
CR=Creole (French); HI=Hindi; HM=Hmong; KO=Korean; ___ Asian
LA=Laotian; NA=Navajo; PT=Portuguese; RU=Russian; ___ Black or African American
TA=Tagalog; TH=Thai; VT=Vietnamese; ___ 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
