

# STUDENT DATA COLLECTION FORM 2018-2019

## 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=31; 1<sup>st</sup>=30; 2<sup>nd</sup>=29; 3<sup>rd</sup>=28; 4<sup>th</sup>=27; 5<sup>th</sup>=26; 6<sup>th</sup>=25;  
7<sup>th</sup>=24; 8<sup>th</sup>=23; 9<sup>th</sup>=22; 10<sup>th</sup>=21; 11<sup>th</sup>=20; 12<sup>th</sup>=19

E; P; S; BM; ET; FH; HE; HU; SN  
(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;

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

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: \_\_\_\_\_ Pager: ( ) \_\_\_\_\_ - \_\_\_\_\_ EXT: \_\_\_\_\_

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? \_\_\_\_\_

# STUDENT DATA COLLECTION FORM

**\*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.**

**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

---

---

---

---

---

---

---

---

---

---