**(SCHOOL NAME)**

**Student Information & Demographic Form**

**Student:**

\*Legal Name: Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle \_\_\_\_\_\_\_\_\_\_\_\_\_ Suffix\_\_\_\_\_

Preferred Name (Nickname):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Gender: ☐Female ☐Male ☐Non-Binary Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Enrollment for Grade: \_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Primary Contact Physical Address: \_ \_\_\_\_\_\_\_\_\_\_\_ \*City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Mailing Address (if differs from physical address): \_ \_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Contact Mailing Address (if applicable):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*School District of Residence (if known):\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Was student born in US ☐ Yes or ☐ No

\*Has student been attending one or more schools in one or more states for more than 3 full academic years ☐ Yes or ☐ No

**Federal Ethnicity & Race: (Check all that apply)**

\*Ethnicity: Hispanic or Latino ☐ Yes or ☐ No

\*Race: ☐ American Indian/Alaska Native ☐ Asian ☐ Black/ African American ☐ Native Hawaiian/ Pacific Islander ☐White

**Educational Services: (Check all that apply)**

\*Education: ☐ 504 ☐ ALP/Gifted & Talented Program ☐ Former or Current EL (English Learner)

☐ IEP -Select Disability Type: ☐ Intellectual ☐ Emotional ☐ Learning ☐ Hearing ☐ Visual ☐ Speech ☐ Deaf-Blind

☐ Multiple ☐ Development Delay ☐ Autism ☐ TBI ☐ Orthopedic ☐ Other Health

Other Alerts: ☐ Medical Alert ☐ Legal Alert (Provide school with documentation)

**Parent/Guardian Contacts:**

Primary Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts:**

Alternative Contact Name: \_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Alternative Contact Name: \_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_ \_\_\_\_\_

**Military Connections:**

\*Is a member of your household: ☐ Full-time active-duty Armed Forces or full-time Nat Guard duty

**Signatures:**

Parent/Guardian Name: \_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_