

Grangeville Elementary/Middle School

STUDENT:

Name (Last, First M.I) _____ Grade _____

Gender: _____ M _____ F Date of Birth: _____

ETHNIC/RACE CODE (Mark all that apply from these federally mandated categories. Indicate percentage if applies.)

Ethnicity: _____ Hispanic or Latino _____ Not Hispanic or Latino

----- Please specify race -----

_____ American Indian or Alaskan Native 25% or more _____ Tribal Number

_____ Asian _____ White _____ Black or African American _____ Native Hawaiian or Other Pacific Islander

_____ Two or More Races (If 2 or more races, please mark which ones and percentage) _____

HOME LANGUAGE: Education Law requires schools to determine the language(s) spoken at home by each student. Please help us gather the necessary information by answering the following questions.

1. Which language did your son/daughter learn when he /she first began to talk? _____
2. What language does your son/daughter use most frequently at home? _____
3. What language do you use most frequently to speak to your son/daughter? _____
4. Name the language(s) most often spoken by the adults in your home? _____

STUDENT DEMOGRAPHICS:

Physical Address _____ City _____ State _____ Zip Code _____

Mailing Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Email Address: _____

The McKinney-Vento Act defines homelessness as: living in a shelter, motel, vehicle, campground, on the street, in an abandoned building, trailer, or other inadequate accommodations. Doubling up with friends or relatives because you cannot find or afford housing also falls into this category. **Knowing this: Do you consider yourself or your child homeless?** Yes No

GUARDIANSHIP INFORMATION:**Father's Name** (Last, First) _____

Employer _____ Work phone _____ Cell phone _____

Email Address: _____

Mother's Name (Last, First) _____

Employer _____ Work phone _____ Cell phone _____

Email Address: _____

Student lives with:

_____ Both Parents

_____ Father Only _____ Father/Step-parent Name _____

_____ Mother Only _____ Mother/Step-parent Name _____

_____ Grandparent(s) Name _____

_____ Guardian Name _____ Guardianship Papers on file? _____ Yes _____ No

Custody:

_____ Both Parents _____ Joint Custody _____ Father Only _____ Mother Only _____ Grandparent Only

_____ Legal Guardian Name _____

Restrictions for Custody (if applicable) _____

Legal Documentation on File? Yes No (Please provide most recent documentation regarding custody or guardianship.)

EMERGENCY CONTACTS:

Please list contacts other than parent(s). Every attempt is made to contact parent first, then emergency contacts, if necessary. Step-parents are automatically listed as emergency contacts unless otherwise requested. Please include daycare information here.

First Emergency Contact

Name (*Last, First*) _____ Relationship to Student _____

Employer _____ Work Phone _____ Ext. _____

Home phone _____ Cell phone _____

Second Emergency Contact

Name (*Last, First*) _____ Relationship to Student _____

Employer _____ Work Phone _____ Ext. _____

Home phone _____ Cell phone _____

TRANSPORTATION:

Bus # AM _____ Bus # PM _____ Bus Stop _____

Pick Up/Walk _____

PREVIOUS SCHOOL INFORMATION:

Last School Attended: _____

Address: _____ Phone: _____

SPECIAL PROGRAMS: Check all special programs or services in which the student has participated

___ Special Education/OT/PT/Speech Therapy ___ Reading or Math Support

___ ESL/ELL ___ Gifted/Highly Capable ___ Expulsion or in process

___ Section 504 of Rehabilitation Act Comments: _____

MEDICAL/HEALTH INFORMATION:

Physician Name _____ Phone Number _____

Dentist Name _____ Phone Number _____

Health Concerns _____

Life Threatening Conditions _____

SIBLING INFORMATION: (Add additional siblings on next page)

Name	Relationship	Age	Gender	School Attending
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parent/Guardian Signature

Date