

TO BE COMPLETED BY PARENT OR GUARDIAN

Information on this form is necessary to complete student's school record, to meet state/federal and local requirements, and to best serve the student. Give complete information.

NEWARK CITY SCHOOLS
STUDENT INFORMATION SHEET

Student I.D. No. _____
Date _____
School _____
Grade Entered _____
BC _____ Shots _____
Custody Papers _____

Student _____ **Gender** _____
(Legal Name) Last Name First Name Middle Name

Race* (circle **all** that apply) White Black or African Amer (Non-Hispanic) Asian Amer Indian or Alaskan Native
Native Hawaiian or Other Pacific Islander * If no race is given observer identification will be used

Hispanic/Latino: Yes _____ No _____ (If Hispanic/Latino is yes; see office use section and choose **all** racial groups that apply)

Home Address _____ Contact Phone _____
(This number will be used for the AlertNow)

Date of Birth _____ Place of Birth (city/state) _____

Native Language _____ Language most often used in the home _____

Student lives with _____ Relationship _____

Check (✓) the information that applies to the student:

_____ Father deceased _____ Stepfather _____ Parents separated
_____ Mother deceased _____ Stepmother _____ Parents divorced
_____ Legal Documents _____ Foster Parent _____ Parents never married
_____ Legal Guardian _____

Please list the names and ages of other school age children living in the home: _____

FATHER _____
Last Name First Middle

Address _____ Home Phone _____

Cell Phone _____ E-mail _____

Birthplace _____ Citizenship _____

Place of Employment _____ Phone _____

MOTHER _____
Last Name First Middle Maiden Name

Address _____ Home Phone _____

Cell Phone _____ E-mail _____

Birthplace _____ Citizenship _____

Place of Employment _____ Phone _____

STEPFATHER/FOSTER FATHER/GUARDIAN _____

Address _____ Home Phone _____

Cell Phone _____ E-mail _____

Please continue on other side →

STEPMOTHER/FOSTER MOTHER/GUARDIAN _____

Address _____ Phone _____

Cell Phone _____ E-mail _____

PRESCHOOL EXPERIENCE: Yes _____ No _____ If yes, name of school/facility _____

Last School Attended/Address _____

Newark School(s) attended _____

SPECIAL AREA INFORMATION

Check (✓) correct information. At previous school student was enrolled in or served/identified in the following areas:

- | | |
|---|-------------------------------------|
| _____ Developmentally Delayed (pre-school) | _____ Deaf/Blindness (DB) |
| _____ Cognitive Disability (CD) | _____ Hearing Impairment (HI) |
| _____ Specific Learning Disabled (SLD) | _____ Visual Impairment (VI) |
| _____ Emotional Disturbance (ED) | _____ Speech or Language Disability |
| _____ Orthopedic Impairment (OI) | _____ Autism (AU) |
| _____ Other Health Impairment (minor) (OHI) | _____ Traumatic Brain Injury (TBI) |
| _____ Other Health Impairment (major) (OHI) | _____ Other |
| _____ Gifted Program | _____ Title Services |

Student has current Evaluation Team Report (ETR) _____ Yes _____ No

Student has current IEP _____ Yes _____ No

Student has current 504 _____ Yes _____ No

Signature _____
(Parent or legal guardian)

FOR OFFICE USE ONLY

If the answer is Yes in the Hispanic/Latino element have the parent choose all racial groups that apply:

American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White

Student percent of the time _____ Homeless (*see EMIS manual*) _____

District of Residence of the parents _____

County of Residence of parents _____

Student Status _____ Disability Condition _____

Polio Immunization Date _____ (*from shot record*)