

**TO BE COMPLETED BY PARENT OR  
GUARDIAN**

Information on this form is necessary to complete student's school record, to meet state 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 \_\_\_\_\_ Race \* \_\_\_\_\_  
(LEGAL NAME) Last Name First Name Middle Name \*If no race is given multi-racial will be used  
(If Hispanic/Latino in the race category see office use only section and choose any racial groups that apply)

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

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 \_\_\_\_\_

**STEMMOTHER/FOSTER MOTHER/GUARDIAN** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Please continue on other side ➔

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:

- |                             |                                      |
|-----------------------------|--------------------------------------|
| _____ CD Class              | _____ Deaf/Blindness                 |
| _____ ED Class              | _____ Deafness (Hearing Impaired)    |
| _____ SLD Class             | _____ SLD Tutoring Program           |
| _____ Visual Impairment     | _____ Speech and Language Impairment |
| _____ Orthopedic Impairment | _____ Autism                         |
| _____ TBI                   | _____ OHI major                      |
| _____ OHI minor             | _____ DD (pre-school)                |
| _____ Gifted Program        | _____ Title                          |
| _____ Other                 |                                      |

- |  |            |               |          |
|--|------------|---------------|----------|
| Student has current Psychological Report | _____ Yes  | _____ No      |          |
| Student has current IEP                  | _____ Yes  | _____ No      |          |
| Student has current 504                  | _____ Yes  | _____ No      |          |
| Student was on Federal Lunch Program     | _____ Free | _____ Reduced | _____ No |

Signature \_\_\_\_\_  
(Parent or legal guardian)

**FOR OFFICE USE ONLY**

Racial/Ethnic Category      W    B    H    A    I    M    P      Grade Level next Year \_\_\_\_\_

**If the answer is Hispanic/Latino in the race category have the parent choose any of the following 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 (\* - 15) \_\_\_\_\_    Disadvantage (\* - 3) \_\_\_\_\_

Polio Immunization Date \_\_\_\_\_ (*from shot record*)