

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.

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

NEWARK CITY SCHOOLS

STUDENT INFORMATION SHEET

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 # _____

Emergency Contact 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		

Mother _____
Last Name First Middle Maiden Name

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

Last School Attended/Address _____

Newark School(s) attended _____

Please continue on other side →

SPECIAL AREA INFORMATION

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

Developmentally Delayed (pre-school)
Cognitive Disability (CD)
Specific Learning Disabled (SLD)
Emotional Disturbance (ED)
Orthopedic Impairment (OI)
Other Health Impairment (minor) (OHI)
Other Health Impairment (major) (OHI)

Deaf/Blindness (DB)
Hearing Impairment (HI)
Visual Impairment (VI)
Speech or Language Disability
Autism (AU)
Traumatic Brain Injury (TBI)
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

MIDDLE SCHOOL ONLY

Is the student in any of the following: Band Choir Orchestra

 Algebra (8th grade only) Accelerated Math (7th grade only)

Other Unified Arts interested in: Gym Health Art Music

 Computer Skills

Signature _____ Date _____
(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*)

Last School District Attended IRN _____

Revised 09-16