

Ethnicity/Race (Select all that apply)

Hispanic White Black/African American Asian American Indian/Alaskan Hawaiian/Pacific Islander

Transferring From: _____
School City State

School Street Address: _____

What is the Primary Language of the Family? _____ What is spoken at home? _____

Date child entered the USA: _____ Date student first entered a US School (include preschool): _____

Check all that apply: Supplemental Instruction Gifted & Talented (HEP) ESL/LEP 504 Special Education

Was child ever tested by the Child Study Team? Yes No Does the child have an IEP? Yes No

Parent/Guardian Marital Status: Single Married Divorced Separated Widow Widower

Civil Union Comment: _____

<u>CUSTODY INFORMATION (IF APPLICABLE)</u>	
Is there a court order or written agreement between the parents designating the district for school attendance, and if so, where does it require the student to attend school? (You will be asked to provide a copy.) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Does the student reside with one parent for the entire year? At which address: _____	
If not, for what portion of time does the student reside with each parent and at which address:	
Address #1: _____	
Address #2: _____	

Privacy (Military) Yes No Is this child a child of a district employee or Board Member? Yes No

SIBLING INFORMATION: INCLUDE INFANTS/TODDLERS

SIBLING'S NAME	BIRTHDATE	SCHOOL ATTENDING	GRADE OR NOT YET IN SCHOOL

_____ **Print name** of parent/guardian completing the form

_____ **Signature** of parent/guardian completing the form