



## Student Personal Data and Enrollment Information

School Year \_\_\_\_ Grade \_\_\_\_

STUDENT INFORMATION: Legal Name Only					
First Name		Middle Name		Last Name	
Date of Birth (MM/DD/YYYY)	Gender	Place of Birth	Home Address (House Number/Street Road)	City / State / Zip Code	
Mailing Address (P O Box /City / State / Zip Code)			Information about school student last attended ...		
			Name of School / City / State/ Zip Code		
Is enrollment in WCPS the result of a natural disaster? YES ___ LOCATION _____ NO ___			Does the student... Have an IEP? Yes ___ No ___ Have a 504 Plan? Yes ___ No ___ Speak English fluently? Yes ___ No ___		
If place of birth is outside US, please respond to the following questions: Date student first enrolled in a U.S. school: _____ When did the student enter the US for the first time? _____ Has the student attended one or more schools in the US for more than 3 full years? YES ___ No ___ Has your child had any interrupted school time prior to enrollment in a US school? YES ___ No ___ If "YES", please note date(s) of interruption from _____ to _____					
Military Connection: Is the student military connected as a result of the status of one or more of the student's parents or guardians on Active Duty, in the National Guard or in the Reserve components of the United States military services?					
<input type="checkbox"/> <b>No</b> , student is not military connected.  <input type="checkbox"/> <b>Yes</b> , student is military connected. Student is a dependent of a member of the Active Duty Forces (full time) Army, Navy, Air Force, Marine Corps, or Coast Guard, National Guard or Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard). Which branch? _____ Name of Parent or Guardian? _____  <input type="checkbox"/> <b>Unknown</b> ; It is unknown whether or not the student is military connected.					
MSDE HOME LANGUAGE Survey: In accordance with federal and state requirements, the Home Language Survey will be administered to all students and <b>used only for determining whether a student needs English Language support services</b> and will not be used for immigration matters or reported to immigration authorities.					
If a language other than English is indicated on two or more of the three questions below, the student will be assessed for English Language support services. Additional criteria for testing may be considered.					
1. What Language(s) did the student first learn to speak? _____ 2. What language does the student use most often to communicate? _____ 3. What language(s) are spoken in your home? _____ 4. List all languages spoken in the home: _____					

PARENT/GUARDIAN INFORMATION: Please note that identification of parent/guardian must be verified by birth certificate or other legal document.						
First Name		Middle Name	Last Name		<input type="checkbox"/> Married <input type="checkbox"/> Single Parent	Relationship to Student
Street Address			City		State / Zip code	
Home Number	Cell Number	Employer's Name		Work Number	Lives with Student? Yes ___ No ___	
					Parent Email:	
Interpreter Needed? Y ___ N ___			Home Language _____		Receive School Mailings? Yes ___ No ___	
First Name		Middle Name	Last Name		<input type="checkbox"/> Married <input type="checkbox"/> Single Parent	Relationship to Student
Street Address			City		State / Zip code	
Home Number	Cell Number	Employer's Name		Work Number	Lives with Student? Yes ___ No ___	
					Parent Email:	
Interpreter Needed? Yes ___ No ___			Home Language _____		Receive School Mailings? Yes ___ No ___	

SIBLING INFORMATION			
Name of Sibling	Date of Birth	School Attending	Grade
<b>ADDITIONAL EMERGENCY CONTACTS – Please provide contact information for people willing to be called to come to school in the event of an emergency involving your child or if s/he is sick and we are unable to contact you.</b>			
<b>CONTACT 1 – First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	
<b>Street Address</b>	<b>City</b>	<b>State/Zip Code</b>	
<b>Home Number</b>	<b>Cell Number</b>	<b>Work Number</b>	<b>Relationship to Student</b>
<b>CONTACT 2 – First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	
<b>Street Address</b>	<b>City</b>	<b>State/Zip Code</b>	
<b>Home Number</b>	<b>Cell Number</b>	<b>Work Number</b>	<b>Relationship to Student</b>
<b>Emergency Medical Contact – Will Only Be Called If Needed</b>			
Name of Doctor _____		Business/Office Phone Number _____	

TRANSPORTATION: Please provide transportation information for travel both to and from school.	
Pick-Up Address (to school)	Drop-Off Address (from school)
Travel by .... School Bus ___ Parent(s) ___ Walker ___ Please provide daycare information if the bus pick-up location is not the student's home address. _____ Phone Number _____ Name of Daycare Provider _____ _____ Street Address _____ _____ City, State, and Zip Code _____	Travel by .... School Bus ___ Parent(s) ___ Walker ___ Please provide daycare information if the bus drop-off location is not the student's home address. _____ Phone Number _____ Name of Daycare Provider _____ _____ Street Address _____ _____ City, State, and Zip Code _____

RELEASE OF INFORMATION TO MILITARY RECRUITERS: (This section is to be completed by parents/guardians of high school students and/or high school students age 18 and older.)
<p>Federal Law requires that the school system provide on request to military recruiters student names, addresses, and telephone listings unless parents/guardians (or the student if age 18 or older) <b>opt out</b> of having information provided to military recruiters. The school will report a list of students whose names will not be provided to military recruiters to the Board of Education twice each year.</p> <ul style="list-style-type: none"> <li>Students over 18 and parents/guardians who do not want a student to opt out of having information provided to military recruiters should leave the box below blank.</li> <li>Students over 18 and parents/guardians who wish to opt out of having the student's name, address, and phone listing provide to military recruiters should check the box below.</li> </ul> <p><input type="checkbox"/> Do not release contact information (opt out).</p> <p>Student's Name (Please print.) _____</p> <p>Printed Name of Parent/Guardian or Student (if age 18 or older) _____</p> <p>Signature of Parent/Guardian or Student (if age 18 or older) _____</p>

**Signature Required**

I verify with my signature that all the information provided on this form is true and accurate.

**Printed Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_