

Elmwood Park Community Unit School District #401

Student Data Form - PLEASE PROVIDE DATA FOR ALL BLANK LINES

Student Information		Grade Level for 2008 - 2009 School Year: _____	
Student Name:	Last Name:	First:	Middle:
Phone Number:			
Birthdate:			
Gender:			
Birth Country:			
Ethnic Category:			
Home Language:			
Home Address:			
Is this the student's first time in a U.S. School?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Family Information (please "X" ALL appropriate choices below)

Student lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother: <input type="checkbox"/> Step-Father: <input type="checkbox"/> Guardian:	Natural Parents Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Deceased <input type="checkbox"/> Mother <input type="checkbox"/> Father	Ethnic Background: (choose one) <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Multi-Racial (two or more of the above)
Mother's Maiden Name: _____		

Parent / Guardian Information

Contact Name:	Last Name:	First Name:
Relationship to Student:		
Home Phone Number:	Work Phone Number:	
Home Address:		
E-Mail Address:		
Cell Phone Number:		
Preferred Method of Contact	Please Circle One: Home Phone Cell Phone Email	

Contact Name:	Last Name:	First Name:
Relationship to Student:		
Home Phone Number:	Work Phone Number:	
Home Address:		
E-Mail Address:		
Cell Phone Number:		
Preferred Method of Contact	Please Circle One: Home Phone Cell Phone Email	

Contact Name:	Last Name:	First Name:
Relationship to Student:		
Home Phone Number:	Work Phone Number:	
Home Address:		
E-Mail Address:		
Cell Phone Number:		
Preferred Method of Contact	Please Circle One: Home Phone Cell Phone Email	

Emergency Contact Information

Emergency Contact #1 Name:	
<i>Relationship to Student:</i>	
<i>Day Time Phone Number:</i>	
<i>Cell Phone / Pager Number:</i>	

Emergency Contact #2 Name:	
<i>Relationship to Student:</i>	
<i>Day Time Phone Number:</i>	
<i>Cell Phone / Pager Number:</i>	

Doctor and Health Information

Doctor's Name:	
Doctor's Office Phone Number:	

<i>Student Name</i>	<i>Medications Student is Currently Taking</i>	<i>Student Medical Conditions</i>	<i>Student Allergies</i>

<i>Sibling's Name</i>	<i>Sibling's Grade Level</i>	<i>Sibling's School</i>

Bus Number	Bus Stop (corner)

<i>I hereby attest that the information that I have provided is correct.</i>		
Print Name: _____	Signature: _____	Date: _____