

Student Data Form: Cedar Grove-Belgium Elementary School

Student Information

Legal Name: _____ Gender: _____
Last First Middle Suffix, if applicable

DOB: _____ Grade (please circle one): EC 4K 5K 1 2 3 4

Is student Hispanic or Latino? <input type="checkbox"/> Y <input type="checkbox"/> N	Select all that apply: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
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Previous School (if applicable): _____

Student's PRIMARY Household:

Address (Street & PO Box, if applicable): _____

City, State, Zip _____ Primary Phone: _____

Parent Information

Mother's Name: _____ Legal Guardian? Y N

Does Student reside w/Mother? Y N If not, would Mother like to receive extra mailings? Y N

Is the student's mother a member of the military? <input type="checkbox"/> Active Duty <input type="checkbox"/> Traditional member of the Guard or Reserve <input type="checkbox"/> Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32
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Mother's Address (if different than Primary): _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Email: _____

Stepparent (if applicable): _____ Phone: _____

Father's Name: _____ Legal Guardian? Y N

Does Student reside w/Father? Y N If not, would Father like to receive extra mailings? Y N

Is the student's father a member of the military? <input type="checkbox"/> Active Duty <input type="checkbox"/> Traditional member of the Guard or Reserve <input type="checkbox"/> Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32
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Father's Address (if different than Primary): _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Email: _____

Stepparent (if applicable): _____ Phone: _____

Emergency Contacts (two relatives or friends who may be contacted in the event parents can not be reached)

Name of 1st Contact: _____ Relationship to Student: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Name of 2nd Contact: _____ Relationship to Student: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Other Siblings (School Age or Younger) Living at Student's Primary Address:

Name: _____ DOB: _____ Gender: _____

Name: _____ DOB: _____ Gender: _____

Name: _____ DOB: _____ Gender: _____

Parent Signature: _____ Date: _____