

STUDENT DATA COLLECTION FORM 2021-2022

PLEASE PRINT

Was your child previously enrolled in any WV school (Y/N)? If Yes, name of County: _____

If Yes, what was the Original Enrollment Date? ____/____/____ Last School Attended: _____

Did this child attend preschool?

____ Yes Name of preschool attended _____

____ No Reason child did not attend preschool (i.e., cost, transportation, not interested, etc. _____

School: _____ Date: _____

Student Legal Name: _____ Sex: _____

(No nicknames, please) Last First Middle Other

Birthdate: ____/____/____ Birthplace: _____
mm dd yy City State

Class: _____ * Social Security Number: _____ - _____ - _____

Pre-School FTE: P1 through P9 (dependent on FTE),

Early childhood FTE: E1 through E9 (dependent on FTE),

OK, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12 Post Graduate=PG

Transfer from: _____

Home Phone: () _____ - _____ Cell Phone: _____ Unlisted? _____ (Y or N)
School City State

All phone numbers must include Area Code

Year of Graduation: _____ * Career Cluster: _____ Pathway: _____
*Grade: K=34; 1st=33; 2nd=32; 3rd=31; 4th=30; 5th=29; 6th=28; E; P; S; BM; ET; FH; HE; HU; SN
7th=27; 8th=26; 9th=25; 10th=24; 11th=23; 12th=22 (Secondary only)

Native Language: _____ * Ethnic Group: (Mark Both Questions Below)
(Language Spoken in Home) Print Other Not Shown
EN=English; SP=Spanish; FR=French; JA=Japanese; 1. Are you of Hispanic Origin? Yes / No
GR=German; IT=Italian; PO=Polish; AR=Arabic; 2. What is your race? Choose one or more of the race categories
CC=Chinese Cantonese; CM=Chinese Mandarin; _____ American Indian or Alaska Native
CR=Creole (French); HI=Hindi; HM=Hmong; KO=Korean; _____ Asian
LA=Laotian; NA=Navajo; PT=Portuguese; RU=Russian; _____ Black or African American
TH=Thai; VT=Vietnamese _____ Native Hawaiian or Other Pacific Islander TA=Tagalog;
_____ White

***IF A LANGUAGE OTHER THAN ENGLISH IS NOTED, PLEASE NOTIFY TITLE III DIRECTOR IMMEDIATELY.**

Transportation: _____ * BUS AM: _____ PM: _____

*01 =Bus Student; 02 =Non-Bus Student;

03 =Bus Student Paid 04 =Non-bus Student Paid

PRIMARY GUARDIAN (Specify: Father/Mother/Other: _____) (Call Order: (1 2 3 4 ____)) Name: _____
(Last, First Middle) _____ Address: _____

Mailing Address: (if different) _____

City, ST, Zip: _____ Phones: Home: (____) _____ - _____ Unlisted? _____

Employer: _____ Work: (____) _____ - _____ EXT: _____

Occupation: _____ Cellular: (____) _____ - _____ EXT: _____

E-mail: _____ Pager: (____) _____ - _____ EXT: _____

SECONDARY GUARDIAN (Specify: Father/Mother/Other: _____) (Call Order: (1 2 3 4 ____))

Name: (Last, First Middle) _____

Address: _____

Mailing Address: (if different) _____

City, ST, Zip: _____ Phones: Home: (____) _____ - _____ Unlisted? _____

Employer: _____ Work: (____) _____ - _____ EXT: _____

Occupation: _____ Cellular: (____) _____ - _____ EXT: _____ Email: _____

Pager: (____) _____ - _____ EXT: _____

Do you live with someone other than a parent? _____

STUDENT DATA COLLECTION FORM

***IF YOU LACK A REGULAR RESIDENCE; LIVE IN MOTEL/HOTEL; OR ARE LIVING WITH A FRIEND OR RELATIVE DUE TO LOSS OF HOUSING, PLEASE INFORM THE PRINCIPAL IMMEDIATELY.**

Emergency Contact: *Person other than parent or guardian who could be contacted in case of emergency.

Additional Contact: (Specify Relationship: _____) (Call Order: (1 2 3 4 ____))

Name: (Last, First Middle) _____ Address: _____

Mailing Address: (if different) _____

City, ST, Zip: _____ Phones: Home: (____) ____ - _____ Unlisted? _____

Employer: _____ Work: (____) ____ - _____ EXT: _____

Occupation: _____ Cellular: (____) ____ - _____ EXT: _____

E-mail: _____ Pager: (____) ____ - _____ EXT: _____

PHYSICIAN:

Name: _____

Address: _____

City, ST, Zip: _____ Phone: (____) ____ - _____ EXT: _____

Additional Contact: (Specify Relationship: _____) (Call Order: (1 2 3 4 ____)) Name: _____

(Last, First Middle) _____ Address: _____

Mailing Address: (if different) _____

City, ST, Zip: _____ Phones: Home: (____) ____ - _____ Unlisted? _____

Employer: _____ Work: (____) ____ - _____ EXT: _____

Occupation: _____ Cellular: (____) ____ - _____ EXT: _____

E-mail: _____ Pager: (____) ____ - _____ EXT: _____

Additional Contact: (Specify Relationship: _____) (Call Order: (1 2 3 4 ____))

Name: (Last, First Middle) _____ Address: _____

Mailing Address: (if different) _____

City, ST, Zip: _____ Phones: Home: (____) ____ - _____ Unlisted? _____

Employer: _____ Work: (____) ____ - _____ EXT: _____

Occupation: _____ Cellular: (____) ____ - _____ EXT: _____

E-mail: _____ Pager: (____) ____ - _____ EXT: _____

Special Instructions
