

STUDENT DATA COLLECTION FORM



2007-2008

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: _____

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, P2, P3, P4, P5, P6, P7, P8, P9, EC
OK, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12
Post Graduate=PG

Transfer from: _____
School City State

Home Phone: (304) _____ - _____ Unlisted? _____ (Y or N)

Year of Graduation: * Career Cluster: _____ Pathway: _____

*Grade: K=20; 1st=19; 2nd=18; 3rd=17; 4th=14; 5th=15; 6th=14;
7th=13; 8th=12; 9th=11; 10th=10; 11th=09; 12th=08
BM; ET; FH; HE; HU; SN E; P; S;
(Secondary only)

Native Language: * Ethnic Group: *
(Language Spoken in Home) Other Not Coded
EN=English; SP=Spanish; FR=French; JA=Japanese;
GR=German; IT=Italian; PO=Polish; AR=Arabic;
CA=Cambodian; CC=Chinese Cantonese; CM=Chinese Mandarin;
CR=Creole (French); HI=Hindi; HM=Hmong; KO=Korean;
LA=Laotian; NA=Navajo; PT=Portugese; RU=Russian;
TA=Tagalog; TH=Thai; VT=Vietnamese; OT=Other
*A= Asian or Pacific Islander ; B=Black, Non-Hispanic
H= Hispanic; W=White
I= American Indian or Alaskan Native

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: _____

e-mail: _____ Pager: () ___ - ___ EXT: _____

(OVER)

STUDENT DATA COLLECTION FORM

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
