

STUDENT DATA COLLECTION FORM



2009-2010

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 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: _____
School City State

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

All phone numbers must include Area Code

Year of Graduation: _____ * Career Cluster: _____ Pathway: _____
*Grade: K=22; 1st=21; 2nd=20; 3rd=19; 4th=18; 5th=17; 6th=16; 7th=15; 8th=14; 9th=13; 10th=12; 11th=11; 12th=10
BM; ET; FH; HE; HU; SN E; P; S;
(Secondary only)

Native Language: _____ *
(Language Spoken in Home) Other Not Shown

EN=English; SP=Spanish; FR=French; JA=Japanese;
GR=German; IT=Italian; PO=Polish; AR=Arabic;
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

Ethnic Group: (Mark Both Questions Below)

- 1. Are you of Hispanic Origin? Yes / No
- 2. What is your race? Choose one or more of the race categories
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White

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: _____

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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
