

Metropolitan School District of Steuben County Student Demographic Information

Dear Parent/Guardian:

This form is double sided;
please turn it over!

The data collected for your child must be accurate; therefore, we are asking your help in completing the information below and signing and dating this form. **Parents are responsible for informing the school when there are any changes in this information, such as address change, telephone number change, etc.**

INSTRUCTIONS: Please Print!

1. Student Name (as shown on birth certificate!)

a. Last Name _____

b. First Name _____

c. Middle Name _____

2. Date of birth

Month _____ Day _____ Year _____

3. Gender (circle one) M or F

4. Grade Level _____ Home Phone () -

5. School District of Legal Residence _____

6. Mother's Name _____

7. Father's Name _____

8. Guardian's Name (if other than mother or father) _____

9. Does student live with a parent(s)/guardian? Yes No

10. Names of siblings in the district

First Name

Last Name

School

11. Home address

Number/Street _____

Apt/Suite _____

City _____ State _____

ZIP _____

12. School _____

13. Mailing Address (if different from Home Address)

Number/Street _____

Apt/Suite _____

City _____ State _____

ZIP _____

14. Second Parent Address (if applicable)

Number/Street _____

Apt/Suite _____

City _____ State _____

ZIP _____

For
Internal
Use

Enroll
Screen

For Internal
Use

Access
Accounts
Tab

Addresses
Tab

Custom
Screens
Tab

14. Ethnic Code (Please see Part 2: Race for the code on the Race and Ethnicity Form) _____

15. Father's Information

For Internal Use
Demographics
Tab

- a. Name _____
- b. Daytime Phone(_____) _____ - _____
- c. Employer _____
- d. Home Phone(_____) _____ - _____

16. Guardianship: Student lives with

____ Parents ____ Father ____ Mother ____ Grandparent(s) ____ Foster Parent ____ Other (specify): _____

17. Guardian Email (main email for contact) _____

18. Mother's Information

- a. Name _____
- b. Daytime Phone(_____) _____ - _____
- c. Employer _____
- d. Home Phone(_____) _____ - _____

For Internal Use
Emergency/Medical Tab

19. Emergency Contacts

Name (Last, First)	Phone Number	Relationship
_____	(_____) _____ - _____	_____
_____	(_____) _____ - _____	_____
_____	(_____) _____ - _____	_____

20. Doctor _____ Dentist _____

21. County of Legal Residence _____

22. Mother's Maiden Name _____

23. Are you homeless? ____ Yes ____ No

For Internal Use
State/Province IN Tabs

If yes, choose the best description of your living arrangements:

- ____ Doubled up ____ Sheltered ____ Unsheltered
- ____ Hotels/Motels ____ Unaccompanied Youth

24. Is either parent/guardian Active Duty Military? ____ Yes ____ No

25. Is your child of non-US origin? ____ Yes ____ No

a. If yes, what is the country of origin? _____

26. Does your child receive special education or speech services? ____ Yes ____ No

27. Does your child have an IEP (individual education plan)? ____ Yes ____ No

28. Student's Native Language (if first language learned was other than English): **Enter the Name of the Language** _____