

STUDENT DEMOGRAPHICS

Student Information

Last Name:		First Name:		Middle Name:	
Date of Birth:	City of Birth:		State (or Country) of Birth:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non Binary
Student Residential Street Address:		Unit/Apt:	City:		State: Zip:

Grade for 2022-2023 School Year: _____

Student Race/Ethnicity (Please check all that apply)

Please note that the Greenfield Public Schools are committed to ensuring that the school is free from discriminating in education and employment. These questions are taken from state reporting categories. We appreciate your cooperation.

Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	

Sibling Information – please list all siblings in household

First and Last:	Date of Birth:	Current Grade:
First and Last:	Date of Birth:	Current Grade:
First and Last:	Date of Birth:	Current Grade:
First and Last:	Date of Birth:	Current Grade:

Students Born in Other Countries

Country of birth:	Date first entered the United States:
First native language/dialect:	Primary language/dialect spoken at home:

STUDENT ENROLLMENT AND SERVICES HISTORY

School History – Schools Attended (last 3)

Grade(s)	Name of School	City/Town	State	Years Attended

If your student is an incoming Kindergartener who attended preschool, please indicate Full or Part Time:

- Full Time (20 hours per week or more)
 Part Time (less than 20 hours per week)

Student Services

Does your student have an Individualized Education Program (IEP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know
Does your student have a 504 Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know
Does your student receive English Learner (EL) services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Notes about Enrollment or Services History:

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CONTACTS

Legal Guardian Information

Parent/Guardian #1

Name:		Relationship to Student:	
Address:	City:	State:	Zip:
Email:	Cellphone:	Home Phone:	
Employer:			Work Phone:
If mailing address is different than residential:			
Street: _____			
City: _____ State: _____ Zip: _____			

Parent/Guardian #2

Name:		Relationship to Student:	
Address:	City:	State:	Zip:
Email:	Cellphone:	Home Phone:	
Employer:			Work Phone:
If mailing address is different than residential:			
Street: _____			
City: _____ State: _____ Zip: _____			

Parent/Guardian Military Status

Does your student have a parent/guardian in the military? _____ Yes _____ No
If yes, who? Name: _____ Relationship to student: _____
If yes, please indicate which of the following is true of the parent/guardian in the military:
<input type="checkbox"/> active duty member
<input type="checkbox"/> veteran, retired or medically discharged in the last year
<input type="checkbox"/> military member who died on active duty in the last year

Emergency Contact Information

Emergency Contact #1 (In Case Parent/Guardian is Unavailable)

Name:		Relationship:	
Address:	City:	State:	Zip:
Employer:	Work Phone:	Home Phone:	Cell Phone:
This Emergency Contact: <input type="checkbox"/> Lives with student <input type="checkbox"/> Is authorized to pick up student from school <input type="checkbox"/> Is authorized to receive information regarding the reason for school dismissal			

Emergency Contact #2 (In Case Parent/Guardian is Unavailable)

Name:		Relationship:	
Address:	City:	State:	Zip:
Employer:	Work Phone:	Home Phone:	Cell Phone:
This Emergency Contact: <input type="checkbox"/> Lives with student <input type="checkbox"/> Is authorized to pick up student from school <input type="checkbox"/> Is authorized to receive information regarding the reason for school dismissal			