



# Student Data Form

**For Office Use Only:**  
 Registration Date: \_\_\_\_\_  
 Home Language Survey       ESL  
 SPED       IEP Received  
 Proof of Residency:  Requested     Attached

Note: It is extremely important that you notify us if a change occurs in this information any time during the year.

### Student

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Country of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ 1<sup>st</sup> Home Language: \_\_\_\_\_  
 If Born Out of the Country, # Years in U.S.: \_\_\_\_\_ Hispanic / Latino  Yes  No (of Cuban, Mexican, Puerto Rican, South/Central American Culture)  
 Race:  Caucasian  Native American  African American  Asian  Pacific Islander  
 Has student ever been enrolled in Braintree Public Schools?  Yes  No If yes, list school and year(s): \_\_\_\_\_  
 School last attended: \_\_\_\_\_ This school was  Public  Private  
 Who has legal custody of this student?  Both Parents  Mother  Father  Guardian  Other (Specify) \_\_\_\_\_

### Contact 1

Relationship:  Mother  Father  Guardian  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Alternate Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Contact lives with student?  Yes  No    Contact can pick up student?  Yes  No    Contact may receive school mailings?  Yes  No

### Contact 2

Relationship:  Mother  Father  Guardian  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Alternate Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Contact lives with student?  Yes  No    Contact can pick up student?  Yes  No    Contact may receive school mailings?  Yes  No

### Military Family Status *(in support of the VALOR Act)*

Is your student a child of an active duty member of the uniformed services/National Guard/Reserves on active duty orders?  Yes  No  
 Is your student a child of a member or veteran who is medically discharged or retired within one year?  Yes  No  
 Is your student a child of a member who died while on active duty?  Yes  No

### Siblings *(please list all siblings and their dates of birth)*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Emergency Contacts *(Please notify these people that they may be notified in case of an emergency), In case of accident or acute illness of my child, when I cannot be reached promptly, kindly contact the following local persons:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### For Office Use Only:

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ LASID: \_\_\_\_\_ Date Records Requested: \_\_\_\_\_  
 Homeroom \_\_\_\_\_ Counselor: \_\_\_\_\_ SASID: \_\_\_\_\_ Date Records Received: \_\_\_\_\_  
 House: \_\_\_\_\_ Social Worker: \_\_\_\_\_ Played Varsity Sports  Yes  No  
 Bus: \_\_\_\_\_  Forwarded to Counselor     Forwarded to Nurse