



**Day Care Information (if applicable)**

Day Care Provider Name	Telephone #		
Street Address	City	State	Zip

**Emergency Contact Information**

First Contact/ Last Name	First Name	Telephone #	Relationship
Street Address	City	State	Zip

Second Contact/ Last Name	First Name	Telephone #	Relationship
Street Address	City	State	Zip

**Medical Information**

Insured/ Last Name	First Name	M.I.
Name of Health Insurance	Medical ID # / Policy #	Telephone #
Allergies	Medical Problems/Chronic Illness	Other Issues
Doctor's Last Name	First Name	Telephone #

**Home Language Survey**

Which language did your son or daughter learn when he or she first began to talk?	
What language does your son or daughter most frequently use at home?	
What language do you use most frequently speak to your son or daughter?	
Name the language most often spoken by the adults in the home:	
Was your child previously enrolled in ESL / Bilingual Program?	(Y) (N)

**Name(s) of Brothers and Sisters**

Last Name	First Name	M.I.	Gender	Current School	Grade Level

## Instructional Programs Information

Has your child ever been retained?	(Y)	(N)	If so, what grade?	
Has your child ever been enrolled in any type of special program? If yes, answer questions below.				
Has your child ever received Resource Specialist Program Services?				
Has your child ever received Speech Services?				
Has your child ever been in a Self-Contained Special Education Class or Learning Center?				
Has your child been "GATE identified"?				
Does your child have a current IEP or 504? <i>If Yes, please submit copy of current IEP or 504 with enrollment packet.</i>				

## Ethnicity and Race

Is the student Hispanic or Latino? (Select only one)

- Yes, Hispanic or Latino  
 No, not Hispanic or Latino

The above part of the question is about ethnicity, not race. No matter what you selected above, **YOU MUST CONTINUE TO ANSWER THE FOLLOWING** by marking one or more boxes.

What is the race of this student? (Select one or more)

- |   |   |
|---|---|
| <input type="checkbox"/> American Indian or Alaskan Native* | <input type="checkbox"/> Asian Indian           |
| <input type="checkbox"/> Black or African American          | <input type="checkbox"/> Cambodian              |
| <input type="checkbox"/> Chinese                            | <input type="checkbox"/> Filipino               |
| <input type="checkbox"/> Guamanian                          | <input type="checkbox"/> Hawaiian               |
| <input type="checkbox"/> Hmong                              | <input type="checkbox"/> Japanese               |
| <input type="checkbox"/> Korean                             | <input type="checkbox"/> Laotian                |
| <input type="checkbox"/> Other Asian                        | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Samoan                             | <input type="checkbox"/> Tahitian               |
| <input type="checkbox"/> Vietnamese                         | <input type="checkbox"/> White**                |

\*Persons having origins in any of North, Central or South America

\*\*Persons having origins in Europe, North Africa, or the Middle East

## Residence

***This information is federally mandated for reporting purposes as part of the McKinney-Vento Assistance Act.***

Where is your child/family current living (CHECK ONE)?

- In a single family permanent, regular and adequate residence (house, apartment, condo, mobile home)  
 Temporarily doubled-up (sharing housing with other families/individuals due to hardship)  
 In a shelter or transitional housing program  
 In a motel/hotel  
 In a car or RV  
 In a campsite  
 At another location (please specify) \_\_\_\_\_

