**Student Information Sheet**

First Name:

Middle Name:

Last Name:

**Residential Address**

Street

City

State

Zip Code

**Mailing Address**

Street

City

State

Zip Code

DOB       Is Hispanic:

Gender Race

Language Spoken in Home:

English Language Learner:  If Yes are they which of the following

Interpreter for meetings:

Primary Language:

District of Residence:

School of Residence:

District of Attendance:

School of Attendance:       Is this a school of Choice

**Guardian Details 1**

First Name:

Last Name:

Home Phone:

Work Phone:

Cell Phone:

Email Address:

Mailing Address

Street:

City:

State:

Zip:

Relationship to Student:

Grade:

**Guardian Details 2**

First Name:

Last Name:

Home Phone:

Work Phone:

Cell Phone:

Email Address:

Mailing Address

Street:

City:

State:

Zip:

Relationship to Student: