

Student Information Form

Please return to the office by Sept. 1st

Full Name: _____

Nickname: _____ Sex: M F Gender: _____

SS #: _____ Birth date: _____

Address: _____ City: _____ Zip: _____

Lives with: _____

Citizen of: _____ Nationality: _____

Birth country: _____ Primary language: _____

Other languages spoken fluently: _____

Hispanic/Latino (circle one) No Yes

Race (regardless of ethnicity above):

___ American Indian or Alaska Native

___ Asian

___ Black or African American

___ Native Hawaiian or Pacific Islander

___ White

___ Prefer not to answer

Immigrant: _____ First arrival date to the US: _____

Most recent school attended: _____

Address: _____

Other schools attended: _____

Last grade completed: _____ Grade entering: _____