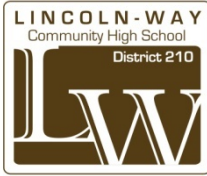


<p>Student Personal Data Form</p>		<p><b>For Office Use Only:</b></p> <p>New Student _____ Returning Student _____</p> <p>Grade: 9 10 11 12 Grad Year _____ (circle one)</p> <p>ID Number _____ Counselor _____</p>
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**Section A: Student Information - Please Print**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Phone # \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Birth Date \_\_\_\_\_ City, State of Birth \_\_\_\_\_

**Country of Birth\*** \_\_\_\_\_ Maiden Name of Student's Mother \_\_\_\_\_

**\*If born outside the U.S., please indicate the grade level student began school in the U.S.** \_\_\_\_\_

Last School Attended: \_\_\_\_\_

List names and ages of other children in your family: .

-

List any health conditions you would like to appear on the student's records: .

-

Do we have your permission to share the above medical information with your child's counselor, or other school staff members if appropriate? Yes No

Are there any student/parent circumstances (personal or physical) within the home environment of which school officials should be aware? If so, please explain: .

-

**Section B: US Department of Education - Race and Ethnicity Data Standards**

In order for us to comply with federal and state regulations, all three parts listed below must be completed about the student:

<p><b>Part 1. Hispanic/Latino (choose only one):</b></p> <p>____ No, not Hispanic/Latino</p> <p>____ Yes, Hispanic/Latino (11)</p> <p>-----</p> <p><b>Part 3. Home/Native Language Information:</b></p> <p>Is a language other than English spoken in your home? ____ Yes ____ No</p> <p>What language? _____</p> <p>Does your child fluently speak a language other than English? ____ Yes ____ No</p> <p>What language? _____</p>	<p><b>Part 2. Race (please check all that apply):</b></p> <p>____ American Indian or Alaskan Native (12)</p> <p>____ Asian (13)</p> <p>____ Black or African American (14)</p> <p>____ Native Hawaiian or other Pacific Islander (15) (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)</p> <p>____ White (16)</p>
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**Section C: Parent Information**

Student resides on a permanent basis with: *(check one)*

If natural parents are divorced or separated, residential custody papers must accompany the child before registering. If not living with a natural parent, proof of court-appointed legal guardianship must be presented with a completed and approved Affidavit of Residency form. You must obtain approval from the principal.

Both Parents   
  Father   
  Father & Step-Mother   
  Father & \_\_\_\_\_  
 Guardian   
  Mother   
  Mother & Step-Father   
  Mother & \_\_\_\_\_  
 Other (please explain) \_\_\_\_\_

Please complete the following information on the parent/guardian/student lives with\*:

Parent   
  Guardian   
  Student lives with\*

Full Name \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 (Please note: Our emergency call system will NOT call extension numbers)  
 Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Education   
  Grade School   
  High School   
  Some College   
  College Degree   
 \_\_\_\_\_  
 \_\_\_\_\_ Grade School   
 \_\_\_\_\_ High School   
 \_\_\_\_\_ Some College   
 \_\_\_\_\_ College Degree

\*Mailings are automatically sent to the parent the student lives with. Please complete the following for the parent who does **not** live with this student, but is to receive educational mailings:

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Section D: Emergency Information**

In case of emergency *and parent/guardian cannot be reached*, please call the person listed below. I am aware that this number will NOT be included in our emergency calling system.

Name                      Relationship to Student                      Phone (specify cell, home, or work)

**Section E: Signature of Parent**

I certify that I am the person named in Section C and that this student lives with me at the address shown in Section A. I agree to notify Lincoln-Way Community High School District #210 if this student no longer resides in my home, or if I change my address. I also realize that fraudulent enrollment may result in an immediate dismissal from Lincoln-Way Community High School District #210. I certify that the information on this form is correct and has my approval.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Lincoln-Way Community High School District # 210 does not discriminate on the basis of color, gender, race, nationality, religion, religious affiliation, handicap, or any other unlawful basis of discrimination.