

# STUDENT DEMOGRAPHIC DATA SHEET

### Administrative use only:

Enrollment Date \_\_\_\_\_ Was a Transfer Form Received? \_\_\_\_\_ Homeroom: \_\_\_\_\_

ID#: \_\_\_\_\_ District # \_\_\_\_\_ Homeless \_\_\_\_\_

(5-8 students only)

Padlock Issued (✓) \_\_\_\_\_ Padlock ID: \_\_\_\_\_ Combination: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Locker: \_\_\_\_\_

(✓) Handbook Issued \_\_\_\_\_ Assignment Notebook Issued (4-8) \_\_\_\_\_ Birth Certificate Rec'd \_\_\_\_\_

### STUDENT DATA:

Today's Date: \_\_\_\_\_

Grade: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

**CIRCLE ONE** Pekin IL 61554 Manito IL 61546

P O Box \_\_\_\_\_

S. Pekin IL 61564

SEX

M F

Race \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Medicaid # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_

Who Does Student Live With \_\_\_\_\_

Phone Number Published? NO YES

Student's Birthplace \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

BUS RIDER YES NO

Transportation Available to Students who reside outside of the Village of South Pekin

BUS NUMBER \_\_\_\_\_

If Parents are Single, Separated or Divorced is the other parent allowed contact with the child? **Yes** **No**  
If the above answer is **NO**, you are responsible to provide the school with a copy of Custody Documentation. This Documentation is requested to protect your child. Document: \_\_\_\_\_ Date Received: \_\_\_\_\_

### PRIMARY GUARDIAN INFORMATION \*Complete address if different from student's address...

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Daytime Contact Phone: \_\_\_\_\_ \*Address: \_\_\_\_\_

Evening Contact Phone: \_\_\_\_\_ City/State: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Secondary Guardian INFORMATION \*Complete address if different from student's address...

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Daytime Contact Phone: \_\_\_\_\_ \*Address: \_\_\_\_\_

Evening Contact Phone: \_\_\_\_\_ City/State: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**STUDENT'S NAME** \_\_\_\_\_  
Last Name
First Name
Grade

**Emergency Contacts**     *(Other Than Parents or Guardians)*

**Emergency Contact #1:**

**Emergency Contact #2:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone 1:     Home (\_\_\_\_) \_\_\_\_\_

Phone 1:     Home (\_\_\_\_) \_\_\_\_\_

Cell / Work (\_\_\_\_) \_\_\_\_\_

Cell / Work (\_\_\_\_) \_\_\_\_\_

**School Transfer Information:**

School Name and District Number: \_\_\_\_\_

School Address: \_\_\_\_\_  
City/State/Zip

School phone number: (\_\_\_\_) \_\_\_\_\_

**Was the student in:**

**Special Education class?**     Yes     No                      **Speech class?**                      Yes     No

**Physician:** \_\_\_\_\_ Phone 1: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

**Special Health Problems?**

*Please circle*

*Please list Details*

ADD / ADHD                      NO     YES \_\_\_\_\_

Asthma/ Allergies                      NO     YES \_\_\_\_\_

Birth Defects                      NO     YES \_\_\_\_\_

Blood disorders                      NO     YES \_\_\_\_\_

Diabetes                      NO     YES \_\_\_\_\_

Heart Problems                      NO     YES \_\_\_\_\_

Serious Injury or Illness                      NO     YES \_\_\_\_\_

Medicine Given at School     NO     YES     Daily Medications Given at Home     NO     YES

OTHER                      NO     YES \_\_\_\_\_

**PARENT / GUARDIAN SIGNATURE REQUIRED:**

X \_\_\_\_\_