

# STUDENT INFORMATION

## Student Information

Last Name:		First Name:		Middle Name:	
Date of Birth:	City of Birth:	State (or Country) of Birth:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non Binary	
Student Residential Street Address:		Unit/Apt:	City:		State:      Zip:

## Student Race/Ethnicity Information **(Please check all that apply)**

Please note that the Greenfield Public Schools are committed to ensuring that the school is free from discriminating in education and employment. These questions are taken from state reporting categories. We appreciate your cooperation.

Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	

## Sibling Information – please list all siblings in household

First and Last:	Date of Birth:	Current Grade:
First and Last:	Date of Birth:	Current Grade:
First and Last:	Date of Birth:	Current Grade:
First and Last:	Date of Birth:	Current Grade:

## Students Born in Other Countries

Country of birth:	Date first entered the United States:
First native language/dialect:	Primary language/dialect spoken at home:

# STUDENT ENROLLMENT AND SERVICES HISTORY

Entering Grade Level: \_\_\_\_\_

## School History – Schools Attended (last 3)

Grade(s)	Name of School	City/Town	State	Years Attended

**If your student is an incoming Kindergartener who attended preschool, please indicate Full or Part Time:**

- Full Time (20 hours per week or more)  
 Part Time (less than 20 hours per week)

## Student Services

Does your student have an Individualized Education Program (IEP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know
Does your student have a 504 Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know
Does your student receive English Learner (EL) services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## Notes about Enrollment or Services History:

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# CONTACTS

## Legal Guardian Information (please print)

### Parent/Guardian #1

Name:		Relationship to Student:		
Home Address:	City:	State:	Zip:	
Email:	Cellphone:		Home Phone:	
Employer:			Work Phone:	
Mailing Address (if different from residential):				

### Parent/Guardian #2

Name:		Relationship to Student:		
Address:	City:	State:	Zip:	
Email:	Cellphone:		Home Phone:	
Employer:			Work Phone:	
Mailing Address (if different from residential):				

### Parent/Guardian Military Status

Does your student have a parent/guardian in the military? _____ Yes _____ No
If yes, who? Name: _____ Relationship to student: _____
If yes, please indicate which of the following is true of the parent/guardian in the military:
<input type="checkbox"/> active duty member
<input type="checkbox"/> veteran, retired or medically discharged in the last year
<input type="checkbox"/> military member who died on active duty in the last year

## Emergency Contact Information

Please list the names of relatives/neighbors/friends in close proximity to the school to whom we may release your child or contact if you cannot be reached.

### Emergency Contact #1 (In Case Parent/Guardian is Unavailable)

Name:		Relationship:	
Address:	City:	State:	Zip:
Employer:	Work Phone:	Home Phone:	Cell Phone:
This Emergency Contact: <input type="checkbox"/> Lives with student <input type="checkbox"/> Is authorized to pick up student from school <input type="checkbox"/> Is authorized to receive information regarding the reason for school dismissal			

### Emergency Contact #2 (In Case Parent/Guardian is Unavailable)

Name:		Relationship:	
Address:	City:	State:	Zip:
Employer:	Work Phone:	Home Phone:	Cell Phone:
This Emergency Contact: <input type="checkbox"/> Lives with student <input type="checkbox"/> Is authorized to pick up student from school <input type="checkbox"/> Is authorized to receive information regarding the reason for school dismissal			

# HOUSING INFORMATION and RESIDENCY AFFIDAVIT

## Housing Information

The following questions are used to determine students' eligibility for services provided by the McKinney-Vento Act, 42 U.S.C. 11435.

Is the address you are residing at a temporary living arrangement?

Yes     No

If yes, is this temporary living arrangement due to loss of housing, economic hardship, or unsafe living conditions?

Yes     No

If you answered YES to both of these questions, please indicate which of the following describes your temporary living situation?

Sharing housing with another family (friends or family)

Hotel/motel

Shelter

Trailer, car, or campsite

## Residency Affidavit

I attest that I, \_\_\_\_\_ am living at \_\_\_\_\_

in \_\_\_\_\_, as demonstrated by:

ONE (1) of the following from List A or TWO (2) from List B:

List A:  Lease     Utility Bill     Mortgage Statement     Official Rent Receipt     Landline Phone Bill

List B:  Driver's License     State or Government Issued ID     Paystub     Income Tax Form

Voter Registration     Car/Home/Renter's Insurance     Bank Statement

My student, \_\_\_\_\_, is living with:

me

another guardian, \_\_\_\_\_ at \_\_\_\_\_

I agree that, immediately upon any change in my residency or the residency of my student, I shall inform the District of the new address.

The facts set forth in this residency affidavit are true and complete. I understand that providing misleading or false information about residency is a criminal offense.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date