

2019-2020 NEW STUDENT PEIMS INFORMATION

CHINA SPRING INDEPENDENT SCHOOL DISTRICT

STUDENT INFORMATION

Campus ID: Circle One: 102 = Elementary 104 = Intermediate 041 = Middle School 001 = High School 002 = Success

Grade Level for upcoming school year: _____

Date enrolled in this District (first day in class): _____

Legal Name: _____ Nickname: _____
First Middle Last

Generation Code: _____ Student SS # _____
(1 = Jr.; 2 = Sr.; 3 = II; 4 = III; 5 = IV;
6 = V; 7 = VI; 8 = VII; 9 = VIII)

Sex: _____ Male _____ Female Date of Birth _____
Month Day Year

Phone Number: _____ - _____ - _____ Student's E-Mail Address: _____

Mailing Address: _____
Street Name or P.O. Box City Zip

911 Address: _____
(Physical Address) Street Name City Zip

Birth City: _____ Birth State: _____ Birth Country: _____

Primary Language Spoken: _____ (98=English; 01=Spanish; 99=Other) If other, please specify what.

Migrant: _____
Yes No

Name of Previous School/District: _____

Address of Previous School/District: : _____
Street Name or P.O. Box City Zip

Please indicate if your child was not advanced from one grade level to the next for one or more school years.

If this box is checked please furnish: Grade Level(s) _____ Year(s) not Advanced _____
Grade Level(s) _____ Year(s) not Advanced _____
Grade Level(s) _____ Year(s) not Advanced _____

Special Education: _____
Yes No

504: _____
Yes No

For Office Use Only

Special Ed Temp Packet Issued: _____ Date: _____

CONTACT INFORMATION

Please list three. Please note if you are the enrolling parent/guardian a copy of your driver's license is required

Legal Relationship to student: Check one

Legal Father	Legal Mother	Legal Stepfather	Legal Stepmother	Other, Specify
Enrolling Person	Yes No	Guardian	Emergency	Migrant
		Yes No	Yes No	Yes No

Name: _____ **Date of Birth:** _____
 F irst M idd le L ast M o/D a y/Y r.

Home Phone #: _____ - _____ - _____ **Business Phone #:** _____ - _____ - _____

Cell Phone #: _____ - _____ - _____ **Other Phone #:** _____ - _____ - _____

Address: _____
 Street Name or P O Box City State Zip

Employed By: _____ **Driver's License #:** _____ **State:** _____

Contact E-Mail Address: _____

Legal Relationship to student: Check one

Legal Father	Legal Mother	Legal Stepfather	Legal Stepmother	Other, Specify
Enrolling Person	Yes No	Guardian	Emergency	Migrant
		Yes No	Yes No	Yes No

Name: _____ **Date of Birth:** _____
 F irst M idd le L ast M o/D a y/Y r.

Home Phone #: _____ - _____ - _____ **Business Phone #:** _____ - _____ - _____

Cell Phone #: _____ - _____ - _____ **Other Phone #:** _____ - _____ - _____

Address: _____
 Street Name or P O Box City State Zip

Employed By: _____ **Driver's License #:** _____ **State:** _____

Contact E-Mail Address: _____

Legal Relationship to student: Check one

Legal Father	Legal Mother	Legal Stepfather	Legal Stepmother	Other, Specify
Enrolling Person	Yes No	Guardian	Emergency	Migrant
		Yes No	Yes No	Yes No

Name: _____ **Date of Birth:** _____
 F irst M idd le L ast M o/D a y/Y r.

Home Phone #: _____ - _____ - _____ **Business Phone #:** _____ - _____ - _____

Cell Phone #: _____ - _____ - _____ **Other Phone #:** _____ - _____ - _____

Address: _____
 Street Name or P O Box City State Zip

Employed By: _____ **Driver's License #:** _____ **State:** _____

Contact E-Mail Address: _____