

Jasper-Troupsburg Central School New Student Enrollment

Student Information

Grade Level _____ Gender _____ M _____ F _____ Non-Binary _____ Date of Birth _____

_____, _____, _____
Last Name First Name Middle Name

Mailing Address: _____ City _____ State _____ Zip _____

Residential Address if Different _____

Where is the student currently living? (please check one box)

- In a shelter
- With another family member or person due to loss of housing or economic hardship
- In a hotel/motel
- In a car, camper, park
- Other temporary living situation(explain) _____
- In permanent housing

Home Telephone: _____

Name of Parent/Guardian student resides with: _____

US citizen _____Y _____N Birth Country _____ If born outside of US complete Home language survey

Is English the only language spoken at home? _____Yes _____No: Complete Home language survey

Ethnicity: Circle One

- 1) White, Not of Hispanic Origin 2) Hispanic 3) Black, not of Hispanic Origin 4) Asian/Pacific Islander
5) Native American 6) Unspecified _____

Home Language Survey

What date did the student enter the US? _____

What date did the student first enter a US School? _____

What was the first language the student spoke? _____

What language does the student speak at home? _____

What language do adults speak in the home? _____

Has the student ever received ESL or ESOL services? _____

Are there any custody papers regarding the student? _____ yes _____ no

Is the child currently in foster care? _____ yes _____ no Has the child ever been in foster care? _____ yes _____ no

Has the Child Received Special Education Services? _____Y _____N 504 _____ IEP _____

Medical Information:

Physician's Name _____ Phone Number _____

Address: _____

Medical Concerns that the school district should know about:

Parent/Guardian Information

Name _____ Email address _____

Relationship _____ *Student Resides Here?* ____Y ____N *Responsible for Student:* ____Y ____N

Address if different than student _____

Phone number: Home _____ Cell _____ Work _____

Occupation _____ Employer _____ Work Hours _____

Name _____ Email address _____

Relationship _____ *Student Resides Here?* ____Y ____N *Responsible for Student:* ____Y ____N

Address if different than student _____

Phone number: Home _____ Cell _____ Work _____

Occupation _____ Employer _____ Work Hours _____

Emergency Contact Information-Other than Parent/Guardian

1. Name: _____ Relationship _____

Address _____

Phone Number _____

2. Name: _____ Relationship _____

Address _____

Phone Number _____

Additional Children in household under the age of 21:

Name	Birthdate	Grade	Gender
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_____	_____	_____	_____
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_____	_____	_____	_____
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Parent/Guardian Signature _____ Date: _____