



WALLENPAUPACK AREA SCHOOL DISTRICT

Wallenpaupack Area School District Student Data Sheet

Student name:					
Last		First		Middle	
				Date of Enrollment	
				Sex: Male Female	
Birth date: MM/DD/YY		Age		Grade to be Enrolled	
Birth Country:	<input type="checkbox"/> US		If birth country not US, US Entry Date:		
	Other:		If birth country not US, School Entry Date:		
Birth Place: City, State					
				If birth gHUY not D5, D5 Entry Date:	
				-ZUdd`JWUV`YZ- h `; fUXY`Entry Date:	

Ethnicity

Check all that apply	<input type="checkbox"/> White non-Hispanic <input type="checkbox"/> Hispanic (any race) <input type="checkbox"/> Black/African American non-Hispanic <input type="checkbox"/> Asian non-Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Multi-Racial non-Hispanic <input type="checkbox"/> Native Hawaiian or other Pacific Islander non-Hispanic
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Emergency Contact Information

In case of emergency, please give names and phone numbers, other than your own to be contacted:	
Name:	Phone Number:
	Relationship:
In case of emergency, please give another name and phone number to contact in case of emergency:	
Name:	Phone Number:
	Relationship:

- Does the student have an IEP? Yes No If yes, please attach a copy.
- Does the student have a Service Plan(504)? Yes No If yes, please attach a copy.
- Does the student have a Gifted IEP? Yes No
- Does the student receive Title 1 Services? Yes No
- Did the student attend pre-school? Yes No If yes, where?
- Does the student participate in the Free/Reduced Lunch Program? Free Reduced Does Not Participate

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Last	First	Middle

Military
Is the student's parent/guardian a member of a branch of the United States Armed Forces (Army, Navy, Air Force, Marine Corp, and Coast Guard) including full-time National Guard? <input type="checkbox"/> Yes If yes, please indicate: <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> No

Homeless
Is the student identified as homeless or doubled up? <input type="checkbox"/> Yes If yes, please indicate: <input type="checkbox"/> Shelter; Transitional housing <input type="checkbox"/> Doubled up <input type="checkbox"/> Unsheltered (e.g. cars, parks) <input type="checkbox"/> Hotels/motels <input type="checkbox"/> No

Home Language Survey

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify Limited English Proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

1. What is/was the student's first language?			
2. Does the student speak a language other than English? (Does not include languages learned in school) If yes, specify the language:			
3. What language(s) is/are spoken in your home?			
4. Has the student attended any United States school in any 3 years during his/her lifetime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes,	Name of School	State	Dates Attended
5. Person completing Home Language Survey, if other than parent/guardian:			
6. If needed, English-speaking contact	Name (Last, First)	Phone Number	

**The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school /full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school /full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enroll in the school district/charter school /full day AVTS in the future.*

Parent/Guardian Signature **Date:**

School Official Signature **Date**

For Office Use Only:	<input type="checkbox"/> New Enrollment <input type="checkbox"/> Re-enrollment	<input type="checkbox"/> Proof of Residency <input type="checkbox"/> Birth Certificate
	<input type="checkbox"/> Immunization <input type="checkbox"/> Grades to Date <input type="checkbox"/> Contact Information <input type="checkbox"/> 1302 <input type="checkbox"/> 1305 <input type="checkbox"/> Other (describe)	
	<input type="checkbox"/> WNPS <input type="checkbox"/> WSES <input type="checkbox"/> WNIS <input type="checkbox"/> WAMS <input type="checkbox"/> WAHS <input type="checkbox"/> WHC	Bus Number: Student ID: