Westford Public Schools
Administrative Offices
23 Depot St. • Westford, Massachusetts 01886
www.westfordk12.us • (978) 692-5560 • FAX (978) 392-4497

STUDENT DATA SHEET

ENROLL DATE: _____ ID #:_____ COUNSELOR: _____

Student Information:

NAME - First: _____ Middle (full): _____ Last: _____

Preferred Name: _____ Gender: _____ Incoming Grade: _____

ADDRESS: _____ City/Town of Residence: _____

DATE OF BIRTH: _____ City/State/Country of Birth: _____

Home Phone#: _____ Student Cell#: _____

Race: (Select all that apply)

- ❑ White
- ❑ Black
- ❑ Hispanic
- ❑ American Indian or Alaskan Native
- ❑ Asian
- ❑ Pacific Islander or Hawaiian Native

Military Family:

- ❑ Yes
- ❑ No

Special Education IEP:

- ❑ Yes
- ❑ No

Primary Language: _____ **Multilingual Language: _____**

School Transferring from: _____ Town: _____ State: _____

Caregiver/ Guardian Information:

Caregiver/Guardian #1

Relationship to student: (Check all that apply)

❑ Custodial Caregiver ❑ Joint Custodial Caregiver
❑ Non-Custodial Caregiver ❑ Legal Guardian

Name: _____

Address: _____

(Circle One) Rent Own Other _____

Phone:

1_____ Type: C H W

2_____ Type: C H W

Email: _____

Caregiver/Guardian #2

Relationship to student: (Check all that apply)

❑ Custodial Caregiver ❑ Joint Custodial Caregiver
❑ Non-Custodial Caregiver ❑ Legal Guardian

Name: _____

Address: _____

(Circle One) Rent Own Other_____

Phone:

1_____ Type: C H W

2_____ Type: C H W

Email: _____