

WHITEFISH BAY SCHOOL DISTRICT DEMOGRAPHIC INFORMATION SHEET AND HOME LANGUAGE SURVEY

Office Only:
Document used to verify birth date:
 Certified Birth Certificate
 Federal Document (if born outside the U.S or U.S. territories)

Rev. 7/08

School of Enrollment:

Cumberland Richards Whitefish Bay Middle School Whitefish Bay High School
 Special Education services only

PRINT LEGIBLY

Student's Full Name: _____ Grade: _____ Sex: _____
(LAST, FIRST, (Full) MIDDLE) (As appears on the birth certificate - No Nicknames)

Student prefers to be called: _____

Birth date: _____ Birth City: _____ Birth State: _____

Birth County: _____ Birth Country: _____

Ethnic Background: Please check the category (**ONE ONLY**) which best describes your ethnic origin. (Information required for state reporting)

_____ American Indian or Alaskan Native _____ Asian/Pacific Islander _____ Hispanic

_____ Black, not of Hispanic origin _____ White, not of Hispanic origin

Student's Primary

Home Address: _____
Street Address (Apt. #) City Zip

Home Phone: (____) _____

E-mail address: _____

Previous School (if new to District): _____
School Name City/State Phone/FAX #

Name of Parent/Guardian #1: _____ Relationship: _____

Place of Employment: _____ Occupation: _____

Work Phone: (____) _____ Cell Phone: (____) _____

Name of Parent/Guardian #2: _____ Relationship: _____

Place of Employment: _____ Occupation: _____

Work Phone: (____) _____ Cell Phone: (____) _____

Information regarding this student should also be provided to the following parent who has joint custody:

Joint Custodian: _____ Relationship: _____

Street Address Apt. # City Zip

Home Phone: (____) _____

Place of Employment: _____ Occupation: _____

Work Phone: (____) _____ Cell Phone: (____) _____

(Over Please)

E-mail address: _____

Name of Family Physician/Clinic: _____ Phone: (____) _____

Emergency Contact Person (When parent/guardian cannot be reached)

Name: _____ Phone: (____) _____

Last First

(Please specify relationship to student) _____

Siblings' Names & School(s) Attending: _____

Does your student have an IEP (Individual Educational Plan?) _____ Yes _____ No

Has your student ever had Gifted and Talented programming? _____ Yes _____ No

Has your student immigrated to the United States in the last 5 years? Y _____ N _____

If yes, what month/year did he/she first enroll in a United States school? _____ / _____
(Does not apply to U.S. Citizen) Month Year

If born outside of U.S., date of entry to U.S. _____

Primary language spoken at home _____ Percent of time spoken _____%

If English is the exclusive language in your home, you need not complete items a-d

a.) Other language(s) spoken at home _____ Percent of time spoken _____%

(Do not include languages learned exclusively at school)

b.) Is there a parent or family member who speaks fluent English? _____ Yes _____ No

c.) If no, do you need an interpreter? _____ Yes _____ No

d.) If you have or know of an interpreter, please give us this information:

Name _____ Phone _____ Relationship to student _____

