

**WHITEFISH BAY SCHOOL DISTRICT
DEMOGRAPHIC INFORMATION SHEET
AND HOME LANGUAGE SURVEY**

Office Only: Rec'd on _____
Document used to verify birth date:

Certified Birth Certificate
Federal Document (if born
outside the U.S or U.S.
territories)

Rev. 11/13

School of Enrollment:

Cumberland Richards Whitefish Bay Middle School Whitefish Bay High School

Special Education services only

Name of Previous School: _____ Phone: _____

School Address: _____
Street Address City State Zip

PRINT LEGIBLY

Student's Full Name: _____ Grade: _____ Sex: _____
(LAST, FIRST, 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 answer BOTH questions. (Information required for state reporting)

a.) Are you Hispanic or Latino? (Select only one) No, not Hispanic or Latino Yes, Hispanic or Latino

b.) Select all of the following categories that apply to you: (You must select at least one of the following.)

American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White

Student's Primary

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

Primary/Home Phone: (_____) _____

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

Place of Employment: _____ Occupation: _____

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

E-mail address: _____

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

Place of Employment: _____ Occupation: _____

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

E-mail address: _____

(OVER PLEASE)

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: (____) _____

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? _____ Yes _____ No

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 _____