

## Wallenpaupack Area School District Student Data Sheet

Student nan	ne:								
Last		First		Middle				Date of Enrollment	
			:	Sex:	Male	e Fe	emale		
Birth date: MM/DD/YY		Age	Grade to be E	nrolled					
Birth Country:	□ US	S			If birth country not US, US Entry Date:				
	Other:	her:			If birth country not US, School Entry Date:				
Birth Place: City, State				-					
				If birth gHJhY not D5, D5 Entry			Entry Date:		
				-ZUdd`]WUV`Yź- ۱λ ∶; fUXY Entry Date			Entry Date:		

## Ethnicity

Check all that apply	White non-Hispanic Asian non-Hispanic	Hispanic (any race) Black/African American non-Hispanic American Indian/Alaskan Native Multi-Racial non-Hispanic				
	Native Hawaiian or other Pacific Islander non-Hispanic					

## **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	lf yes, please	attach a copy.	
Does the student have a Service Plan(504)?	🗆 Yes 🗆 No	lf 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 F	Program?	Free	Reduced	Does Not Participate

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Student name:					
Last First Midd	le				
Military					
Is the student's parent/guardian a member of a branch of the United State	es Armed	Forces (Arm	ny, Navy, Air Force, Marine		
Corp, and Coast Guard) including full-time National Guard?					
□ Yes If yes, please indicate: □ Active Duty □ Veteran					
Homeless					
Is the student identified as homeless or doubled up?					
□ Yes If yes, please indicate: □ Shelter; Transitional housing □ Doul	oled up 🗆	Unsheltered	(e.g. cars, parks) $\Box$ Hotels/motels		
Home Language Survey   The Office of Civil Rights (OCR) requires that school districts/charter schools/full students in order to provide appropriate language instructional programs for then 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 inclu- language:	de languaç	ges learned ir	n school) If yes, specify the		
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 lif	fetime? □ Y	′es □ No		
If Yes, Name of School	ool State [		Dates Attended		
		1			
		1			
5. Person completing Home Language Survey, if other than parent/guardia	n:				
6. If needed, English-					
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

School Official Signature

Date:

Date

For Office Use Only: □ Proof of Residency □ New Enrollment □ Re-enrollment Birth Certificate Immunization Grades to Date □ Contact Information □ 1302 □ 1305 Other (describe) □ WNPS U WSES □ WNIS □ WAMS U WAHS DWHC Bus Number: Student ID: