SYRACUSE ELEMENTARY
STUDENT INFORMATION FORM

The District is requesting this information under the authority of PL 94-142, Title IV of the Civil Rights Law and State Administrative Rule R227-716 (1 to 5). This information will be handled confidentially and will be used only for the purposes noted in the law or rule. This information will not subject you to any unfair or discriminatory - treatment.

FOR SCHOOL USE ONLY:	Proof of Residence	Variance	Track	Birth Certificate	Special Concerns	Teacher	SSID

Student's Legal Last Name	Legal First Name	Middle Name	Suffix	Preferred Last Name	Preferred First Name	Date of Birth	Grade in School

__ Male __ Female

Ethnicity (Choose one):
__ Hispanic/Latino __ Not Hispanic/Latino

Race (Choose one or more, regardless of Ethnicity):
__ Black or African American __ American Indian or Alaskan Native __ Asian __ Native Hawaiian or Pacific Islander __ White

School Last Attended _____ Address _____

If Born Outside U.S. What Country _____ Date Entered U.S. _____

Father Guardian Information

Last Name | First Name | Middle Name | Suffix

Address | City | State | Zip | Apt # | Primary Phone

Mailing Address (if different) | City | State | Zip | Apt # | Secondary Phone

Workplace:
Work Phone: ( ) Ext.

Economic Guardian __Yes __No
Resides With __Yes __No
Mailings __Yes __No

Email Address

Last 4 Digits of Ssno for online lunch payment

Mother Guardian Information

Last Name | First Name | Middle Name | Suffix

Address | City | State | Zip | Apt # | Primary Phone

Mailing Address (if different) | City | State | Zip | Apt # | Secondary Phone

Workplace:
Work Phone: ( ) Ext.

Economic Guardian __Yes __No
Resides With __Yes __No
Mailings __Yes __No

Email Address

Last 4 Digits of Ssno for online lunch payment

Other Guardian Information

Last Name | First Name | Middle Name | Suffix

Address | City | State | Zip | Apt # | Primary Phone

Mailing Address (if different) | City | State | Zip | Apt # | Secondary Phone

Workplace:
Work Phone: ( ) Ext.

Economic Guardian __Yes __No
Resides With __Yes __No
Mailings __Yes __No

Email Address

Last 4 Digits of Ssno for online lunch payment

Physical Status of Student

__ Glasses/Contacts __Hearing Aid __Physical Problems __Daily Medication

Health Problems:

Special assistance required for student to attend school:
__ Transportation __ Adult Assistance __ Wheelchair __Special Equipment

Physician

Physician | Phone Nbr ( )

Special Programs student currently receives

__ 504 __ ESL __Spec Ed/Resource - Speech and Language __ Title I

Absence Notification

__Email __ Internet __Phone __No Notification

What language does your son or daughter speak most often at home? _____

What is the first language your son or daughter learned to speak? _____

What language do you speak most often at home (parents or guardians)? _____

What is the first language you learned to speak (parents or guardians)? _____

PLEASE FILL OUT BOTH SIDES