

M.S.A.D. #64 Student Information Update

Student Information

Student's
Legal Name: _____ Gender: M F
First Middle Last Suffix

The following questions are mandated by the Department of Education to be in compliance with federal reporting requirements and are not optional:

1. Is the individual Hispanic/Latino? (choose one): Yes No
2. Is the individual from one or more of the following races (choose at least one): American Indian or Native Alaskan
 Asian Black or African American Native Hawaiian or Other Pacific Islander White

Birth Date: _____ City, State, & Country of Birth: _____ Date Entered US: _____

Social Security Number: _____ (The Department of Education has requested that we collect social security numbers for Maine Statewide Longitudinal Data collection purposes, however, the parent/guardian must provide written consent to its use in that manner. By providing your child's social security number here, you are hereby consenting to and authorizing the Department of Education to use your child's social security number for data collection purposes. Providing this information is voluntary and not a requirement of enrollment.)

Enrollment Information

Grade: _____ Start Date: _____ School of Enrollment: _____

Prior School Name: _____

Prior School's Address: _____
City State

Native English Speaker: Yes No If no, what is student's primary language? _____

Resident Town: _____ Does Student have an IEP or 504 Plan? IEP 504 N/A

Parent/Guardian Information

Parent/Guardian
Legal Name: _____ Relationship to Student
First Middle Last
Physical Address: _____ Does student reside with you at this address? Yes No
Mailing Address if different from above: _____ Birth Date: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
E-mail: _____

Parent/Guardian
Legal Name: _____ Relationship to Student
First Middle Last
Physical Address: _____ Does student reside with you at this address? Yes No
Mailing Address if different from above: _____ Birth Date: _____
If address is different from student, do you wish to received mailings: Yes No
Home Phone: _____ Cell Phone: _____ Work Phone: _____
E-mail: _____

- If the student lives within the District with a legal guardian who is not a parent, a certified copy of the court order appointing the guardian must be attached.
- If a custodial parent/guardian wishes the school to comply with provisions of a court order restricting access to a child, a certified copy of the court order must be attached.
- If the student is an emancipated minor, a certified copy of the court order must be attached.

Sibling Information

Please list below all siblings **or** members of student's household that are attending school:

Name: <i>First</i> <i>Middle</i> <i>Last</i>	Date of Birth	Grade	School

Emergency Contact Information

Please list persons you give permission to assume responsibility for your child in the event you cannot be reached:

Name	Phone Number	Relationship to Student

Health Information

Physician's Name: _____ Phone: _____

Address: _____ Date of last physical exam: _____

Health problems the school should be aware of:

In event of accident or serious injury school may contact physician. If the physician is unreachable, school may make whatever arrangements seem necessary.

Requests or _____

I, _____ hereby attest that the information provided by me on this Student Information Update is true and correct to the best of my knowledge and belief.

Date _____

Signature of Parent/Guardian _____

Please Print Name: _____