

Jasper-Troupsburg Central School

New Student Enrollment

Student Information

Grade Level _____ Gender M F Date of Birth _____

_____, _____, _____
Last Name First Name Middle Name

Mailing Address: _____ City _____ State _____ Zip _____

Residential Address if Different _____

Where is the student currently living? (please check one box)

- In a shelter
- With another family member or person due to loss of housing or economic hardship
- In a hotel/motel
- In a car, camper, park
- Other temporary living situation(explain) _____
- In permanent housing

Home Telephone: _____

Name of Parent/Guardian student resides with: _____

US citizen Y N Birth Country _____ If born outside of US complete Home language survey

Is English the only language spoken at home? Yes No: Complete Home language survey

Ethnicity: Circle One

White, Not of Hispanic Origin Hispanic Black, not of Hispanic Origin Asian/Pacific Islander

Native American Unspecified _____

Home Language Survey

- What date did the student enter the US? _____

What date did the student first enter a US School? _____

What was the first language the student spoke? _____

What language does the student speak at home? _____

What language do adults speak in the home? _____

Has the student ever received ESL or ESOL services? _____

Parent/Guardian Information

Relationship _____ Student Resides Here? Y N Responsible for Student: Y N

Name _____ Email address _____

Address if different than student _____

Phone number: Home _____ Cel _____ Work _____

Occupation _____ Employer _____ Work Hours _____

Relationship _____ Student Resides Here? Y N Responsible for Student: Y N

Name _____ Email address _____

Address if different than student _____

Phone number: Home _____ Cel _____ Work _____

Occupation _____ Employer _____ Work Hours _____

Has your Child Received Special Education Services? Y N 504 Plan? Y N

Parent/Guardian Signature _____ Date: _____

Emergency Contact Information-Other than Parent/Guardian

1. Name: _____ Relationship _____

Address _____

Phone Number _____

2. Name: _____ Relationship _____

Address _____

Phone Number _____

Additional Children in household under the age of 21:

Name	Birthdate	Grade	Gender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical Information:

Physician's Name _____ Phone Number _____

Address: _____

Medical Concerns that the school district should know about
