

**Jasper-Troupsburg Central School**  
**New Student Enrollment**

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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

- 1) White, Not of Hispanic Origin 2) Hispanic 3) Black, not of Hispanic Origin 4) Asian/Pacific Islander  
5) Native American 6) 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:

<b>Name</b>	<b>Birthdate</b>	<b>Grade</b>	<b>Gender</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Medical Information:**

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_

Medical Concerns that the school district should know about

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_