

Student Demographic Information Sheet

Instructions: Please complete all sections of this form clearly. This document is for school record-keeping and printing purposes.

1. Student Personal Information

Legal Last Name:	<input type="text"/>	Legal First Name:	<input type="text"/>
Middle Name:	<input type="text"/>	Suffix (e.g., Jr., III):	<input type="text"/>
Date of Birth (MM/DD/YYYY):	<input type="text"/>	Gender Identity:	<input type="text"/>
Grade Level:	<input type="text"/>	Student ID Number (if known):	<input type="text"/>

2. Student Demographic Details

Primary Language Spoken at Home:	<input type="text"/>
Other Languages Spoken:	<input type="text"/>
Race / Ethnicity (e.g., Hispanic/Latino, White, Black, Asian, American Indian):	<input type="text"/>
Country of Birth:	<input type="text"/>

3. Residential & Contact Information

Street Address:	<input type="text"/>	Apt/Suite:	<input type="text"/>	Zip/Postal Code:	<input type="text"/>
City:	<input type="text"/>	State/Province:	<input type="text"/>		
Home Phone Number:	<input type="text"/>	Student Cell Phone Number:	<input type="text"/>		
Student Email Address:	<input type="text"/>				

4. Parent or Guardian Information

Primary Parent/Guardian

Full Name:	<input type="text"/>	Relationship to Student:	<input type="text"/>
Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>

Secondary Parent/Guardian

Full Name:	<input type="text"/>	Relationship to Student:	<input type="text"/>
Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>

5. Emergency Contact Information (Other than Parent/Guardian)

Emergency Contact Name:	<input type="text"/>	Relationship to Student:	<input type="text"/>
Primary Phone Number:	<input type="text"/>	Alternative Phone Number:	<input type="text"/>

Signature of Parent/Guardian or Adult Student: Date: