

**Manvel Public School
Student Data Sheet
2022-2023 School Year**

In order to have our files up to date on each student, you are asked to complete this data sheet on your child. If any information changes during the school year, please let the school know so necessary changes to the data file will be made. Please return this form to the school office as soon as possible. Thank you for your cooperation.

Student's Legal Last Name _____ Legal First Name _____ Middle Name _____

Date of Birth _____ Age _____ Grade _____ Gender _____

Federal Ethnicity and Race

Is the student Hispanic or Latino? _____yes _____no

What is the student's race? (check all that apply)

_____American Indian or Alaskan Native

_____Asian

_____Native Hawaiian or Other Pacific Islander

_____Black or African American

_____White

Child's Primary Residence: ___Both Parents ___Mother ___Father ___Mother & Stepfather ___Father & Stepmother ___ Foster Parent(s)

Home Address _____ City/Zip Code _____

Mailing Address _____ City/Zip Code _____

Home Phone _____ Student's Cell Phone _____

Male Guardian's Name _____ Male Guardian's Place of Employment _____

Male Guardian's Work Phone _____ Male Guardian's Cell Phone _____

Male Guardian's Email Address _____

Female Guardian's Name _____ Female Guardian's Place of Employment _____

Female Guardian's Work Phone _____ Female Guardian's Cell Phone _____

Female Guardian's Email Address _____

Emergency Contact Person _____ Phone Number _____
(Person to call in the event of injury or sickness if unable to reach a parent.)

Storm Home _____ Phone Number _____
(Where student will be sent in the event that school closes early and buses are unable to run)

Daycare Provider (If applicable) _____

Medical Alert (List any medical condition or medication the school should be aware of) _____

Does the school have permission to take your child on field trips? _____Yes _____ No

Additional Information (As parent feels necessary for school personnel to know) _____

Please list the names and dates of birth of **any pre-kindergarten age** children living at your residence. _____

Please list the names and dates of birth of **any other school age children (K-12)** living at your residence. _____

Other Birth Parent Information

Name of Other Birth Parent _____ Relationship _____

Home Address _____ City _____ State _____ Zip Code _____

Is this a secondary place of residence for the student? _____ Yes _____ No

Home/Cell Phone _____ Email Address _____

Employer _____ Work Phone _____

Native American Students

Native American Students are eligible to receive services under the Title VII Indian Education Grant if they are an enrolled member of an Indian Tribe. If your child is an enrolled member, have you completed the 506 Form? _____ Yes _____ No

Home Language Survey

What language(s) are spoken at home? _____

What language(s) do you use the most when speaking to your child? _____

What language(s) did your child learn when he/she first began to talk? _____

List the other language(s) that your child has used with grandparents or caretakers. _____

Has your child ever received services in an English Language Learner Program? _____ Yes _____ No

*Please complete the ELL Student Referral and Placement Form if other languages are spoken.

Country of Origin

Was this child born in the United States? _____ Yes _____ No If no, list country of origin _____

When did the child enter the United States? (list month, day, year) _____

Refugee Students

A refugee child is a person who flees their country to seek protection from that country. Is this child a refugee? _____ Yes _____ No

Migrant Students

Have you recently moved to this school district within the last 36 months for temporary or seasonal agricultural work? _____ Yes _____ No

If yes, what is the date you moved to the Manvel School District? (list month, day, year) _____

Homeless Students

A homeless child includes children who are awaiting foster care placement, are unaccompanied youth, share the housing of other people due to the loss of housing, economic hardship, or live in motels, hotels, campgrounds, emergency or transitional shelters.

Is this child homeless? _____ Yes _____ No

Signature of Parent/Guardian _____ Date _____