

Logan City School District
Student Information Sheet
Please answer each question completely

For Office Use Only:
Student ID Number _____

Date:	Last Name (Legal Name):	First Name:	Middle Name:
Name your student should be called in school:	Grade:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number (Optional):
Date of Birth (Month/Day/Year) / /	Place of Birth: City:	County:	State: Age:
Home Address:	City:	Zip Code:	
Mailing Address:	City:	Zip Code:	
Home Phone:	Previously enrolled in Logan City School District? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Cell Phone:	Name of School Attended: _____ Year: _____		

PREVIOUS SCHOOL(S)					
Grade	Name of School	Address	City	State	Phone Number

RACE AND ETHNICITY		If your child was NOT born in the United States, please answer the following:	
CHECK ONE:	Is this student Hispanic/Latino? (Choose one only) <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)	Years in the United States: <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> More than 3 years	
		Date first entered into the United States: Month: _____ Day: _____ Year: _____ Date first enrolled in a United States School: Month: _____ Day: _____ Year: _____ Country of Birth: _____	

CHECK ALL THAT APPLY:	<input type="checkbox"/> American Indian/Alaskan Native (a person having origins in any of the original peoples of North & South America (including Central America), and who maintains tribal affiliation or community Tribal Affiliation: <input type="checkbox"/> Goshute <input type="checkbox"/> Navajo <input type="checkbox"/> Paiute <input type="checkbox"/> Northwest Band Shoshone <input type="checkbox"/> Ute <input type="checkbox"/> other: _____
	<input type="checkbox"/> Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).
	<input type="checkbox"/> Black or African American (a person having origin in any of the black racial groups of Africa).
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, Tonga, or other Pacific Islands).
	<input type="checkbox"/> White (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa).

Student Residential Status:	PARENT(S)/GUARDIAN(S) INFORMATION		
<input type="checkbox"/> Both Parents <input type="checkbox"/> Legal Guardian(s) <input type="checkbox"/> Father <input type="checkbox"/> Shelter <input type="checkbox"/> Mother <input type="checkbox"/> Temporary Residence: <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Living w/Family <input type="checkbox"/> Group Home <input type="checkbox"/> Other _____	INFORMATION FOR PARENT/GUARDIAN		
	First Name:	Middle Name:	Last Name:
	Relationship to Student:	Cell Phone:	
	Email Address:	Employer:	
	Employers Address:	City:	
Custody (Check One):	State:	Zip Code:	Work Phone:

<input type="checkbox"/> Divorced/Legally Separated <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who has legal custody: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparents <input type="checkbox"/> Other _____	NOTE: Copy of Court Documents Will Be Required	INFORMATION FOR PARENT/GUARDIAN		
		First Name:	Middle Name:	Last Name:
		Relationship to Student:	Cell Phone:	
		Email Address:	Employer:	
		Employers Address:	City:	
		State:	Zip Code:	Work Phone:

Student's Last Name	First Name
SIBLING INFORMATION	
Complete this section only if applicable, include only siblings who are currently in grades K-12 in the Logan City School District	
Full Name:	Grade: Name of School Attending:
Full Name:	Grade: Name of School Attending:
Full Name:	Grade: Name of School Attending:
Full Name:	Grade: Name of School Attending:
HOME LANGUAGE SURVEY	
What is the primary language spoken in the home? <input type="checkbox"/> English <input type="checkbox"/> Other _____	
What is the primary language the student speaks? <input type="checkbox"/> English <input type="checkbox"/> Other _____	
What language(s) does your child speak and understand? <input type="checkbox"/> English <input type="checkbox"/> Other _____	
In which language do you (the parent(s)/guardian(s) prefer to receive future communication from the school? <input type="checkbox"/> English <input type="checkbox"/> Other _____	
DISCIPLINE SURVEY	
<input type="checkbox"/> Student IS currently subject to a disciplinary order of another local school system. <input type="checkbox"/> Student IS NOT currently subject to a disciplinary order of another local school system. <i>"Disciplinary Order" means any order of a local school system which imposes short-term suspension, long-term suspension, or expulsion of a student.</i> If yes, please explain: _____ _____ _____	
MIGRANT SURVEY	
Are you now engaged in migrant work, or have you been engaged in migrant work (agricultural, fishery, meat-packing, and cheese (factory) in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SPECIAL EDUCATION AND SPECIAL SERVICES SURVEY	
Please place a check next to any services your student was receiving or has received (check all that apply). <input type="checkbox"/> Special Education (see below) <input type="checkbox"/> English - Second Language Services (ESL) <input type="checkbox"/> Gifted Program <input type="checkbox"/> Title 1 <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Section 504 <input type="checkbox"/> Type of Accommodation: _____	
Has your student received Special Education services? <input type="checkbox"/> Yes <input type="checkbox"/> No During the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No During the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, estimated amount of time student received Special Education services <input type="checkbox"/> 1/2 day or less (0 to 4 hours) <input type="checkbox"/> More than 1/2 day or less	
Is there any other information you would like to share that would help us better serve your student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____	
Does your student require any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list type of medication(s): _____ _____ _____	
STUDENT HEALTH INFORMATION	
Student Medical History - Please check all that apply	
ADHD or ADD <input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Disease <input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No	Hemophilia <input type="checkbox"/> Yes <input type="checkbox"/> No
Bowel or bladder problems <input type="checkbox"/> Yes <input type="checkbox"/> No	Multiple Sclerosis <input type="checkbox"/> Yes <input type="checkbox"/> No
Bone or spinal problems <input type="checkbox"/> Yes <input type="checkbox"/> No	Muscular Dystrophy <input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer <input type="checkbox"/> Yes <input type="checkbox"/> No	Neurological illness <input type="checkbox"/> Yes <input type="checkbox"/> No
Cystic Fibrosis <input type="checkbox"/> Yes <input type="checkbox"/> No	Seizures or Convulsions <input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	Vision loss/correction <input type="checkbox"/> Yes <input type="checkbox"/> No
Emotional Problems <input type="checkbox"/> Yes <input type="checkbox"/> No	Other (please describe): _____
Parent/Guardian Signature (Required): _____ Date: _____	
FOR OFFICE USE ONLY	
Student ID Number: _____ Start Date: _____ <input type="checkbox"/> Immunizations Completed <input type="checkbox"/> Referred to Special Ed <input type="checkbox"/> Referred to ALP (ESL) <input type="checkbox"/> Copy of Birth Certificate <input type="checkbox"/> Proof of Guardianship Proof of Residency: <input type="checkbox"/> Utility Bill <input type="checkbox"/> Lease or Rental Agreement <input type="checkbox"/> Vehicle Registration <input type="checkbox"/> Other: _____ Permit to Register Required: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date district notified: _____ Eligible to participate in McKinney-Vento Program: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date district notified: _____	