

STUDENT INFORMATION
MADISON PUBLIC SCHOOLS - MADISON, NEBRASKA

Student name _____ **Student Grade** _____ **Student Age** _____
Print name listed on birth certificate (must obtain a copy)

Nickname: _____ **S.S#** _____ (obtain copy)
(Preferred name -- example: George Jonathan Smith goes by Jon Smith)

Gender: M F **Date of Birth:** _____ **Birth Place:** _____
circle one mm dd yyyy City State Country

If birth place other than USA, please fill in the following dates:

Date entered the U.S. _____ **Date entered a U.S. school** _____

Date entered a Nebraska school _____

School last attended: _____
Name Phone Grade

Address City State Zip Country

Are you Hispanic/Latino? (Choose only one - *REQUIRED)

- No, not Hispanic/Latino**
- Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's (or your) race to be.

What is your race? (Choose one or more - *REQUIRED) (Questions and answers available)

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- 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.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Circle below any physical difficulty that might limit pupil's progress:

Allergies/Hay Fever	Asthma	Hearing	Speech Defect	Sight	Seizures or Epilepsy	Diabetes	Heart Disease
Headaches	Wear Glasses	Other Health Impairments _____					
Medications _____							

Is this child:

Under legal guardianship other than parent? Yes / No **A ward of the state? Yes / No** **A ward of the court? Yes / No**
(If so, our office needs a copy of papers for guardianship or state/court ward papers.)

Student Residency: (Identifying students who may qualify to receive additional services)

Where does the student stay at night?

- In a home you own or rent
- Temporarily with another family in a house, mobile home or apartment
- Other (please specify): _____

Parent/Guardian Signature _____ **Date** _____

***REQUIRED**