

MANITOU SPRINGS DISTRICT 14 STUDENT DATA SHEET

Name (Legal) LAST FIRST MIDDLE (FULL)

Grade: _____ Birth Date: _____ Gender: M F

Social Security Number: _____ - _____ - _____ Home Phone Number: _____

Has student attended MSSD 14 at any time: Yes No What Grades: _____

Release Info to Military (high school students only): Yes No

Siblings in DISTRICT (Name/Grade): _____

Ethnicity: Is the student Hispanic or Latino? Yes ___ No ___

Race: White Black or African American Asian
 American Indian or Alaska Native Native Hawaiian/Other Pacific Islander

Choice Student: Yes No If yes, home district: _____

Physical Address: _____ Mailing Address (if different): _____

Lives with: Father ___ Mother ___ Other (please specify) _____

Mother's Name: _____

Phone Numbers: W _____ Last First H _____ C _____

Email Address: _____

Mother's Employer: _____

Father's Name: _____

Phone Numbers: W _____ Last First H _____ C _____

Email Address: _____

Father's Employer: _____

Guardianship: _____

Guardian Relationship: _____ Email Address: _____

Phone Numbers: W _____ H _____ C _____

Student Name: _____

Parent/Guardian, not living in home, who needs mailings:

Name: _____ Relationship to Student: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: W _____ H _____ C _____

E-mail: _____

Emergency Contact (This should be someone other than those persons listed on the first page. *In case of an emergency, please list order of contact*):

Name: _____ Relationship to student: _____

Phone Numbers: W _____ H _____ C _____

Name: _____ Relationship to student: _____

Phone Numbers: W _____ H _____ C _____

Name: _____ Relationship to student: _____

Phone Numbers: W _____ H _____ C _____

Last School Attended (Name of School): _____

City: _____ State: _____ Phone: _____

Date of Withdrawal: _____

Student attended a public school for three or more continuous years in:

Manitou Springs School District 14 Yes _____ No _____

The State of Colorado Yes _____ No _____

The United States Yes _____ No _____

Special Programs (please check if student has had any of the following programs):

Special Education Yes ___ No ___ Gifted and Talented Yes ___ No ___

Speech/Language Yes ___ No ___ Section 504 Yes ___ No ___

Title I Reading/Math Yes ___ No ___ IEP Yes ___ No ___

Student retained at any time? Yes ___ No ___ If yes, grade _____

Transportation Information (circle one): Walk Bus Other _____

If your student were to ride the bus, please specify bus route and number student would be using (based on bus schedule given to you). Route _____ Number _____ Stop _____

Student Race & Ethnicity Form
(To be filled out by parent/guardian)

Student's name: _____

Grade: _____

Part A. **Is this student Hispanic/Latino?** (choose only one)

- 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 in Part A above, please provide an answer to Part B** by marking one or more boxes below to indicate what you consider your child's race to be.*

Part B. **Which of the following groups describe the student's race?** (choose one or more)

- 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.

Parent/Guardian Signature: _____

Date: _____



Manitou Springs School District 14
Home Language Survey
 (parent checklist)

School use only
School _____
Student ID# _____
Date enrolled _____

Student Name: _____
(surname/family name) (first given name) (second given name)

Country of birth: _____ Date of Birth: _____

Parent or Guardian Name: _____

Address: _____

Federal and State regulations require school to determine the language(s) spoken and understood by each student.
 This information is necessary for school to provide appropriate instruction.
Thank you for providing this important information.

1. What language or languages did your child use when he/she first began to talk?
2. What language or languages does your child speak with you at home?
3. What language or languages do you (parents or guardians) use when you speak to your child?
4. Do the adults in your home (parents, guardians, grandparents, or any other adults) speak to each other in a language other than English daily? ___YES ___NO
 If YES: What language or languages? _____
 Does your child understand the conversations? ___yes ___no
 Does your child participate in the conversation even if he/she might use English?
5. What language or languages does your child read?
6. What language or languages does your child write?
7. Did your child attend school in another country? ___YES ___NO
 If YES: How many years? _____ Which country? _____

What language or languages were used for instruction? _____

 Parent / Guardian Signature Date