

CARLSTADT PUBLIC SCHOOL
CARLSTADT, NJ 07026
STUDENT DEMOGRAPHICS

FOR SCHOOL US ONLY

LOCAL ID # _____

STATE ID # _____

(Please print or type)

I.) STUDENT INFORMATION

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

ADDRESS _____

HOME PHONE NUMBER _____ DATE OF BIRTH: MONTH _____ DAY _____ YEAR _____

CITY/STATE AND COUNTRY OF BIRTH _____

DATE OF ENTRY TO THE US _____

(IF BORN OUTSIDE OF UNITED STATES)

ETHNICITY (CHECK ONLY ONE) W (White) B (Black or African American) A (Asian) H (Hispanic or Latino)
P (NATIVE HAWAIIAN/PACIFIC ISLANDER) I (AMERICAN INDIAN or ALSKAN NATIVE)

LIST OTHER CHILDREN - FULL NAME DATE OF BIRTH

II.) PARENT /GUARDIAN INFORMATION --- Living with --check one:

___ BOTH PARENTS ___ MOTHER ONLY ___ FATHER ONLY ___ MOTHER/STEPFATHER ___ FATHER/STEPMOTHER
___ FOSTER PARENTS ___ GUARDIANS ___ RELATIVE ___ OTHER _____

Please indicate if there are circumstances regarding the custody of your child that we should be aware of, which limit the sharing of records, picking up your child, etc.? _____ YES _____ NO

FATHER'S LAST NAME _____ FATHER'S FIRST NAME _____ FATHER'S CELL PHONE _____

MOTHER'S LAST NAME _____ MOTHER'S FIRST NAME _____ MOTHER'S CELL _____

FATHER'S EMAIL ADDRESS _____

MOTHER'S EMAIL ADDRESS _____

III.) LANGUAGE

1.) WHAT IS YOR PRIMARY LANGUAGE (WHAT LANGUAGE DID YOUR CHILD FIRST LEARN TO SPEAK) _____

2.) WHAT LANGUAGE IS MOST OFTEN SPOKEN AT HOME _____

Residence Verification: As the parent or legal guardian, I understand that it is my responsibility to notify the school of my move or changes of physical address. Any misrepresentation of the physical address may result in my child losing the privilege of attending Carlstadt Public School and I will be legally responsible for payment of tuition for the period of misrepresentation.

1.) Does the student reside in the Carlstadt Public School District? YES _____ or NO _____

2.) If no, in which school district does the student reside? _____

IV. INFORMATION FOR PRE-K STUDENTS ONLY

Has your child had pervious nursery school experience? _____ YES _____ NO

PARENT SIGNATURE _____

DATE SIGNED _____