

# DEMOGRAPHIC DATA: 2018-2019 SCHOOL YEAR

(To be completed by Parent/Guardian)

STUDENT'S LEGAL NAME (LAST incl. suffix, e.g. Jr. or III)	FIRST NAME	MIDDLE NAME	SUFFIX
STREET ADDRESS	AGE	DATE OF BIRTH	
PO BOX NO. (if applicable)	GENDER OF STUDENT <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	GRADE LEVEL NOW	
CITY, STATE, ZIP	CITY, STATE AND COUNTRY OF BIRTH (student)		
HOME PHONE NUMBER (number to be used in event of emergency)	ETHNICITY/RACE:		
DISTRICT OF RESIDENCE: <input type="checkbox"/> Alloway <input type="checkbox"/> Upper Pittsgrove <input type="checkbox"/> Oldmans <input type="checkbox"/> Pilesgrove <input type="checkbox"/> Woodstown <input type="checkbox"/> Other, please list district _____	<input type="checkbox"/> White (origins of the original people of Europe, Middle East or North Africa) <input type="checkbox"/> Black (origins in any of the black racial groups of Africa) <input type="checkbox"/> Hispanic (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) <input type="checkbox"/> American Indian/Alaskan Native (origins in any of the original peoples of North and South America, including Central America, and who maintains a tribal affiliation or community attachment) <input type="checkbox"/> Asian (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"/> Pacific Islander (origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)		
RESIDENT PARENT/GUARDIAN (who the student resides with)	NATIVE LANGUAGE (language most often spoken in the home)		
<b>PARENT/GUARDIAN #1 INFORMATION:</b>		<b>PARENT/GUARDIAN #2 INFORMATION:</b>	
PARENT/GUARDIAN #1 – FULL NAME _____		PARENT/GUARDIAN #2 – FULL NAME _____	
PARENT/GUARDIAN #1 – WORK PHONE _____		PARENT/GUARDIAN #2 – WORK PHONE _____	
PARENT/GUARDIAN #1 – EMPLOYER NAME _____		PARENT/GUARDIAN #2 – EMPLOYER NAME _____	
PARENT/GUARDIAN #1 – HOME PHONE (if different from above) _____		PARENT/GUARDIAN #2 – HOME PHONE (if different from above) _____	
PARENT/GUARDIAN #1 – CELL PHONE _____		PARENT/GUARDIAN #2 – CELL PHONE _____	
PARENT/GUARDIAN #1 – MAILING ADDRESS _____		PARENT/GUARDIAN #2 – MAILING ADDRESS _____	
PARENT/GUARDIAN #1 – E-MAIL ADDRESS _____		PARENT/GUARDIAN #2 – E-MAIL ADDRESS _____	
HEALTH INSURANCE <input type="checkbox"/> <b>YES</b> , name of insurance company _____		DATE OF LAST MEDICAL EXAM (student) _____	
<input type="checkbox"/> <b>No</b> , NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit <a href="http://www.njfamilycare.org">www.njfamilycare.org</a> to apply on-line.  You may release my name and address to the NJ FamilyCare program to contact me about health insurance.  _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Printed Name</span> <span>Signature</span> </div> _____ <div style="text-align: center;">Date</div>		DATE OF LAST LEAD TEST	
		LEAD LEVEL	
PRESCHOOL CHILDREN LIVING IN THE HOME:			
NAME		DATE OF BIRTH	
_____		_____	
_____		_____	
_____		_____	

*Written consent required pursuant to 20 U.S.C. § 1232g (b)(1) and 34 C.F.R. 99.30 (b).*

# MILITARY STATUS

Please circle the number below that corresponds to the military status of the student's parent or guardian:

- 1 = **Not Military Connected:** Student is not military-connected.
- 2 = **Active Duty:** Student is a dependent of a member of the Active Duty Forces (full-time) – Army, Navy, Air Force, Marine Corps, or Coast Guard.
- 3 = **National Guard or Reserve:** Student is a dependent of a member of the National Guard or Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard).
- 4 = **Unknown:** It is unknown whether or not the student is military-connected.

# EMERGENCY CONTACT/MEDICAL DATA

STUDENT'S LEGAL NAME (LAST incl. suffix, e.g. Jr. or III)	FIRST NAME	MIDDLE NAME	SUFFIX
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**Name of person(s) other than parent/guardian who may assume temporary care of student if parent/guardian cannot be reached.**

CONTACT #	CONTACT NAME (LAST, First)	Relationship to Student	Phone Number	Cell Phone Number
CONTACT # 1				
CONTACT # 2				
CONTACT # 3				

**Name of doctor(s) to be called if parent/guardian cannot be reached in an emergency situation.**

DOCTOR'S NAME	PHONE NUMBER
DENTIST'S NAME	PHONE NUMBER

**List any health conditions such as heart disease, diabetes, seizure disorder, severe allergies, eye or ear problems or any chronic condition that you as a parent/guardian feel should be shared with the student's teachers:**

Special Medical Considerations: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

I the undersigned do hereby authorize officials of the Woodstown-Pilesgrove Regional School District to contact directly the persons named on this form and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for health of said child.

In the event that physicians, parents, or other persons named on this form cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child. In addition, I will not hold the school district responsible for any injuries suffered by said child as a result of medical treatment and/or hospitalization authorized therein.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian Signature