

**BANGOR SCHOOL DEPARTMENT
Student Information Update Form**

Revised 1/26/2016

DEMOGRAPHIC INFORMATION

Student Legal Name:

Last: _____ First: _____ Middle: _____ Suffix: _____

DOB: _____ Gender: M ___ F ___ Grade: _____ Home Language: _____ Town/State of Birth: _____

Guardian Information:

	Mother/Guardian's Information	Father/Guardian's Information
Legal Name (Last, First and Middle)		
Address		
City, state, zip		
Date of birth		
Hispanic Ethnicity (Y,N)		
Race Ethnicity (list)		
Home phone		
Pager		
Cell phone		
Work place		
Work place phone		
Other place		
Email address		

Student's Primary Household Information

<p>In this household, child lives with: (check only one)</p> <p>___ Both parents ___ Mother ___ Mother and stepparent ___ Father ___ Father and stepparent ___ Foster parent(s)/guardian ___ Grandparent(s) ___ Other _____</p>	<p>Primary Household Information: Phone Number: _____</p> <p>Physical Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Mailing Address (if different than above):</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p>
---	--

Primary Household Members: (list guardians, emergency contacts and siblings enrolled in Bangor Schools)

Name	Relationship to Student	Date of Birth	Home Language	Ethnicity	Contact Phone Number (if appropriate)

Student's Secondary Household Information (If Applicable)

In this household, child lives with: (check only one) <input type="checkbox"/> Mother <input type="checkbox"/> Mother and stepparent <input type="checkbox"/> Father <input type="checkbox"/> Father and stepparent <input type="checkbox"/> Foster parent(s)/guardian <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Other _____	Secondary Household Information: Phone Number: _____ Physical Address: _____ City: _____ State: _____ Zip: _____ Mailing Address (if different than above): Address: _____ City: _____ State: _____ Zip: _____
---	--

Secondary Household Members: (list guardians, emergency contacts and siblings enrolled in Bangor Schools)

Name	Relationship to Student	Date of Birth	Home Language	Ethnicity	Contact Phone Number (if appropriate)

Daycare Provider: Name, phone and address: _____

Military Family:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are one or both of this student's parents on full-time duty status in the active uniformed service of the United States (including members of the National Guard and Reserve on active duty orders), or within one year of medical discharge or retirement from those uniformed services? Parent is not required to provide this information
---	--

Additional Emergency Contacts NOT living in household: (In the event of a STUDENT emergency)

	Name	Relationship to Student	Date of Birth	Home Language	Ethnicity	Contact Phone Number (if appropriate)
#1						
#2						
#3						
#4						

IRIS Alert System: (in the event of a SCHOOL emergency or announcement)

	Description of number (Mom's work, Dad's cell, home, etc.)	Phone number area code & 7 digits only, <u>no extension numbers</u>
#1		
#2		
#3		
#4	Email Address (only one) _____	

Medical Information:

- Allergies: _____
- Conditions: _____
- Medications: _____
- Physician's name, phone and address: _____

Enrollment Information:

<p><u>Check Only One:</u></p> <p>English Proficiency: <input type="checkbox"/> Native English speaker <input type="checkbox"/> Bilingual-never LEP <input type="checkbox"/> Limited English proficient <input type="checkbox"/> Transitioned back to LEP <input type="checkbox"/> Former LEP <input type="checkbox"/> Status unknown</p>	<p><u>Check Only One:</u></p> <p>Lunch status: For which does the student qualify? <input type="checkbox"/> Free lunch <input type="checkbox"/> Reduced lunch <input type="checkbox"/> Full price lunch <input type="checkbox"/> Not sure</p>	<p><u>Check One:</u></p> <p>Hispanic: Yes ___ No ___</p> <p><u>Check All That Apply:</u></p> <p>Ethnicity <input type="checkbox"/> Am. Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White</p>	<p><u>Check All That Apply:</u></p> <p>The child is: <input type="checkbox"/> Migrant <input type="checkbox"/> Homeless <input type="checkbox"/> State ward <input type="checkbox"/> State agency client</p>
--	--	---	--

<p><u>For Transfer Students From Other Districts</u></p> <p>What school did the student last attend? Name of school: _____ _____</p> <p>Address: _____ _____</p> <p>Length of time at that school: _____</p> <p>Has your child received Child Development Services (CDS)? No ___ Yes ___</p> <p>Does your child have an Individual Education Program (IEP) / Special Education? No ___ Yes ___</p> <p>Does your child have 504 Accommodation Plan? No ___ Yes ___</p>	<p><u>For Pre-K/Kindergarten Enrollments</u></p> <p>Enter number of days per week your child attended? <input type="checkbox"/> Daycare <input type="checkbox"/> Pre-K / 4-Year Old Program <input type="checkbox"/> Head Start <input type="checkbox"/> Nursery school (1 year) Which one _____</p> <p><input type="checkbox"/> Nursery school (2 years) Which one? _____</p> <p>Does your child have an Individual Education Program (IEP) / Special Education with Child Development Services (CDS)? No ___ Yes ___</p>	<p><u>Field Trips</u></p> <p>During the year, there are times when the teachers will wish to take pupils on short trips in the Bangor area to get first-hand experience in community enterprises, in nature study, or to see other things of educational interest. Are you willing to have your child take part in these field trips conducted by the teacher and approved by the principal? Yes _____ No _____</p>
---	---	---

<p><u>Media Release</u></p> <p>During the year, there are times when newspapers and television networks recognize various school events, performances and student work. Are you willing to allow your child to participate in photos and to have his or her name mentioned in the communication? Yes _____ No _____</p>
--

_____ Date

_____ Signature (father, mother or guardian)