

NISKAYUNA CENTRAL SCHOOL DISTRICT
NEW STUDENT DATA SHEET

Do not write in this box.
Family Number _____
Student Number _____

1/8/2017

Male
Female

Today's Date _____

Expected Start Date _____

Student's Name _____

Home Phone Number _____

Permanent Address _____

Mailing Address (If Different) _____

Date of Birth _____ Place of Birth _____

What is the primary language of this student? _____ Is this a foster child? ___ Yes ___ No

Last School Attended _____ Current Grade _____

Address of Last School _____

Has this student previously attended a Niskayuna School? ___ Yes ___ No Dates: _____

Name of Parent/Guardian _____ Mother Father Other _____

Address (if not the same as above) _____

Employer and Daytime Phone Number _____ Cell Phone _____

E-mail Address _____

Name of Parent/Guardian _____ Mother Father Other _____

Address (if not the same as above) _____

Employer and Daytime Phone Number _____ Cell Phone _____

E-mail Address _____

Other Adult(s) in the Home
Name(s) _____ Relationship(s) _____

Other Children in the Home (Birth to Age 18):

Name	Gender	Birthdate	School	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is there an Individualized Education Program (IEP) in place for this student? Yes _____ No _____ IEP/504

Please give any information you feel would be helpful about your child:

Student Progress reports are sent to the home address. We have a form available which can be completed if there is another address that you would want a report sent (e.g. second parent.) Would you like a copy of this form? ___ Yes ___ No