



Montessori Regional Charter School

2011-2012 Student Data Form

PLEASE PRINT LEGIBLY AND WITH DARK INK

Student Name: _____ Male Female
Social Security #: _____ Date of Birth: _____ Grade Entering: _____
Birth City and State: _____ Country: _____
Child resides with (check one): Both Parents Mother Father Grandparent Guardian
 Shared **If there is a custody agreement in place, please provide a copy of the document.**
School District: _____ Last School Attended: _____
Has this student ever been expelled from school? If yes, give date and reason: _____

Parent 1 Name _____ Home Phone: _____
Address _____ Work Phone: _____
City, State _____ ZIP _____ Cell Phone: _____
Employer _____ Position _____
Work Address _____ Work Hours _____

Parent 2 Name _____ Home Phone: _____
Address _____ Work Phone: _____
City, State _____ ZIP _____ Cell Phone: _____
Employer _____ Position _____
Work Address _____ Work Hours _____

Ethnic Background (Circle Appropriate Number)

- 1 American Indian/Alaskan Native 2 Asian/Pacific Islander 3 Black (Non-Hispanic)
4 Hispanic 5 White (Non-Hispanic) 6 Multi-Cultural

What was the first language this child learned to speak? _____

What language is spoken in the home? _____

Special Needs - Does your child have any special needs or receive any special services? Yes No

If yes, please list: _____

