

WATERVLIET CITY SCHOOLS

CHANGE OF DEMOGRAPHIC & ENROLLMENT INFORMATION

TODAY'S DATE: _____

STUDENT: _____ STUDENT ID _____
(LAST, FIRST)

(ONLY FILL OUT THE INFORMATION BELOW THAT HAS CHANGED.)

DATE OF BIRTH: _____ SCHOOL/LOCATION CHANGE: _____

PARENT/GUARDIAN: _____ CURRENT GRADE: _____
(LAST, FIRST)

ADDRESS: _____

GENDER: MALE___ FEMALE___
ETHNICITY: _____
HOME LANGUAGE _____
IMMIGRANT: YES___ NO___

PHONE #: _____

COUNTRY OF ORIGIN: _____

NEGLECTED/DELINQUENT: YES___

DATE OF ENTRY INTO US _____

HOMELESS: YES___
(_____ NIGHTTIME RESIDENCE)

NUMBER OF YEARS IN US SCHOOL: _____

REASON FOR CHANGE:

- NEW STUDENT**
- LEFT/TRANSFERRED (DATE _____ ATTACH EXIT SURVEY)**
- NAME CHANGE
- PHONE NUMBER CHANGE
- ADDRESS CHANGE
- GUARDIAN/PARENT CHANGE
- BIRTH DATE
- GENDER
- STUDENT ID
- SCHOOL/LOCATION
- HOMELESS/PRIMARY NIGHT TIME RESIDENCE
- GRADE CHANGE
- ETHNICITY
- HOME LANGUAGE
- IMMIGRANT
- NEGLECTED/DELINQUENT
- COUNTRY OF ORIGIN
- DATE OF ENTRY INTO US
- # YEARS IN US SCHOOLS
- OTHER/CHANGE OF EMERGENCY CONTACT:

<p><i>NAME OF PERSON MAKING CHANGE:</i></p> <p>_____</p> <p><i>SIGNATURE:</i></p> <p>_____</p>
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