



Cliffside Park School District
Student Entry Data Form

Grade \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Non-binary \_\_\_\_\_ Counselor \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ Primary Phone No. \_\_\_\_\_
(Please use the same number for all children)

Date of Birth \_\_\_\_\_ City/Country of Birth \_\_\_\_\_

If not born in the US: Date of Entry \_\_\_\_\_ Entry Date into US School \_\_\_\_\_
(Month-Day-Year) (Month-Day-Year)

Native Language \_\_\_\_\_ Home Language \_\_\_\_\_
(First language student spoke)

Preferred Language of Communication \_\_\_\_\_

Parent One: Name \_\_\_\_\_ Parent Two: Name \_\_\_\_\_
Check One: Mother \_\_\_ Father \_\_\_ Guardian \_\_\_ Check One: Mother \_\_\_ Father \_\_\_ Guardian \_\_\_
Parent One: Place of Birth \_\_\_\_\_ Parent Two: Place of Birth \_\_\_\_\_
Parent One: Occupation \_\_\_\_\_ Parent Two: Occupation \_\_\_\_\_
Parent One: Work Phone \_\_\_\_\_ Parent Two: Work Phone \_\_\_\_\_
Parent One: Cell Phone \_\_\_\_\_ Parent Two: Cell Phone \_\_\_\_\_
Parent One: Home Phone \_\_\_\_\_ Parent Two: Home Phone \_\_\_\_\_
Parent One: Email Address \_\_\_\_\_ Parent Two: Email Address \_\_\_\_\_

Marital Status of Parent(s): Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Single \_\_\_
(Check One) Domestic Partnership \_\_\_\_\_

Custody: Father \_\_\_ Mother \_\_\_ Guardian \_\_\_ Name \_\_\_\_\_
(Check One)

Siblings: Brothers \_\_\_ Sisters \_\_\_ If they attend our schools, please indicate below:
a. Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ b. Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_
c. Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ d. Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_
e. Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ f. Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Relation to student: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Name and Address of School previously attended: \_\_\_\_\_

Check all that apply: Title One or BSIP Services \_\_\_ ESL \_\_\_ Speech \_\_\_ Gifted/Talented \_\_\_\_\_

Has your child ever been retained: Yes \_\_\_ No \_\_\_ If Yes, what grade(s) \_\_\_\_\_

Comments: \_\_\_\_\_

SCHOOL USE ONLY: Student ID# \_\_\_\_\_ Ethnic Code \_\_\_\_\_ Homeroom \_\_\_\_\_ Grade \_\_\_\_\_

Proof of Birth Submitted: Birth Certificate \_\_\_ Transfer Card \_\_\_ Passport \_\_\_\_\_

Student ID – (Note: If student attended a Cliffside Park School, please REACTIVATE old ID #)