DEMOGRAPHIC INFORMATION 2025-2026

Grade _____ Date of Birth _____

Last Name _____ First Name _____ Middle Name _____

Name student goes by, if different _____ Gender ____Male ____Female

Street Address _____ Mailing Address _____ City _____ Zip Code_____

Email Address _____ Home Phone Number _____-_____-_____

School Attended Last Semester _____

Does your child have an IEP (Special Education Services)? YES or NO
Does your child have a 504 (medical health plan)? YES or NO
Does your child have any known allergies? YES or NO
If yes, please list them: _____

RESIDES WITH INFORMATION

(Please check all that apply) ____ _____ _____ ____ _____
Father Mother Stepfather Stepmother Guardian

MOTHER OR STEPMOTHER INFORMATION - Student Resides With

Last Name _____ First Name _____ Relationship to Student_____

Cell Number _____-_____-_____ Work Phone _____-_____-_____ ext ____ Email Address _____

Employer _____ Occupation _____

FATHER OR STEPFATHER INFORMATION - Student Resides With

Last Name _____ First Name _____ Relationship to Student_____

Cell Number _____-_____-_____ Work Phone _____-_____-_____ ext ____ Email Address _____

Employer _____ Occupation _____

EMERGENCY CONTACT PERSON **OTHER THAN PARENT** (Please list daytime phone numbers)

Name_____ Phone # _____ Relationship _____
Name_____ Phone # _____ Relationship _____
Hospital Preference _____
Doctor's Name _____ Phone # _____ - _____

Race and Ethnicity Verification

The U.S. Department of Education requires all states to collect information on the race and ethnicity of public school students and staff. The federal government has developed a new way to report ethnicity and race that includes these new categories. The changes are intended to provide a more accurate picture of the nation's ethnic and racial diversity. Please complete both parts of the form below:

Student's Name: _____

Grade: _____

Parent Completing Form:_____ Date:_____

Race and Ethnicity: (Note: Both Part 1 and Part 2 of the question must be answered.)

Part 1: Ethnicity Is this individual Hispanic/Latino? (Choose only one)

- ☐ No, not Hispanic/Latino
- ☐ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

Part 2: Race What is the individual's race? (Choose one or more.)

- ☐ American Indian or Alaska Native: A person having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.
- ☐ Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ Black or African American: A person having origins in any of the black racial groups of Africa.
- ☐ Native Hawaiian or Other Pacific Islander: A person having origins in any of the original places of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ White: A person having origins in any of the original peoples of Europe, The Middle East, or North Africa.

The federal guidance requires the use of observer identification at both the elementary and secondary school level, as a last resort, if racial and ethnic data are not self-identified by the student or by the student's parent/guardian.

Observer identification conducted by: _____ Date: _____

Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment in Indiana, and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the WIDA Screener will be administered to determine whether or not the student will qualify for additional English language development support.

Please answer the following questions regarding the language spoken by the student:

1. What is the native language of the **student**? _____

2. What language(s) is spoken most often by the **student**? _____

3. What language(s) is spoken by the **student** in the home? _____

Student Name:_____ **Grade:**_____

Parent/Guardian Name:_____

Parent/Guardian Signature:_____ **Date:**_____

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name:_____ Date:_____