



# U.S. Virgin Islands Department of Education

## STUDENT DEMOGRAPHIC INFORMATION

### St. Croix District

### Public School Registration

#### STUDENT INFORMATION

Student's Full Name: \_\_\_\_\_  
*Last Name*
*First Name*
*Middle Name*

**\*School and Grade Placement determined by the Office of Student Services\*** Sex: Male Female

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ US Citizen: Yes No

Home Language: \_\_\_\_\_ Primary Language: \_\_\_\_\_ Hispanic: Yes No

<u>Race (Check all that applies to student)</u>			<u>Program (Check all that applies to student)</u>		
Asian	Black	American Indian/Alaska Native	Regular	Special Education	
Native Hawaiian/Pacific Islander	White		504 Program	English as a Second Language	

Residence Address: \_\_\_\_\_  
*Street Address*
*City*
*State*
*Zip Code*

Mailing Address: \_\_\_\_\_  
*Local PO Box/Street Address*
*City*
*State*
*Zip Code*

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

#### PARENT/GUARDIAN INFORMATION

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Resides with Student: Yes No Address (if different from above): \_\_\_\_\_

Marital Status: Single Married Divorced Widowed Place of Birth: \_\_\_\_\_

Nationality: US Citizen Permanent Resident Naturalized Citizen Work Permit None

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Resides with Student: Yes No Address (if different from above): \_\_\_\_\_

Marital Status: Single Married Divorced Widowed Place of Birth: \_\_\_\_\_

Nationality: US Citizen Permanent Resident Naturalized Citizen Work Permit None

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

STUDENT DEMOGRAPHIC INFORMATION CONTINUED

PRESCHOOL INFORMATION

Status: Head Start Home Private Pre School/Day Care: \_\_\_\_\_

PREVIOUS SCHOOL INFORMATION

Last School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ PO Box/Street Address City State ZipCode

HEALTH INFORMATION

(Please check any health conditions and/or allergies that your child suffers from or may be experiencing.)

Allergies Diabetes Heart Condition Migraine Headaches
Asthma Epilepsy Leukemia Physical Limitations Others

- 1. \_\_\_\_\_ 3. \_\_\_\_\_
2. \_\_\_\_\_ 4. \_\_\_\_\_

Special Circumstances: \_\_\_\_\_

Doctor/Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student has Health Insurance: Yes No Medical Insurance Carrier: \_\_\_\_\_

SIBLINGS ATTENDING PUBLIC SCHOOLS IN DISTRICT

Sibling 1: \_\_\_\_\_ Relationship: \_\_\_\_\_ School: \_\_\_\_\_
Sibling 2: \_\_\_\_\_ Relationship: \_\_\_\_\_ School: \_\_\_\_\_
Sibling 3: \_\_\_\_\_ Relationship: \_\_\_\_\_ School: \_\_\_\_\_
Sibling 4: \_\_\_\_\_ Relationship: \_\_\_\_\_ School: \_\_\_\_\_

OTHER EMERGENCY CONTACTS

Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_
Contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_
Contact 3: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

(Save and/or Print this form for your records before submitting.)

District Contact Information: student.services@stx.k12.vi

Kindly inform the school your child attends of any future changes to student's demographic information.

FOR DISTRICT USE ONLY

Entry Date: \_\_\_\_\_ Entry Code: \_\_\_\_\_ School Assigned: \_\_\_\_\_

District Personnel: \_\_\_\_\_