

# Metamora High School Demographics Sheet

## Student's Information

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

Date of Birth: \_\_\_\_\_ Sex:  M  F Ethnicity: Hispanic/Latino?  Yes  No

Federal Race:  American Indian  Asian  Black/African American  
 Native Hawaiian/Pacific Islander  White

Language(s) spoken by student: \_\_\_\_\_ Language(s) spoken at home: \_\_\_\_\_

Student's Cell Phone #: \_\_\_\_\_ Student's Home Phone #: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ City, State: \_\_\_\_\_

**Grade level:**  Freshman  Sophomore  Junior  Senior

**Does the student live with:**  Parent  Guardian  Other \_\_\_\_\_

**PRIMARY Guardian:** **Please list below the person who has PRIMARY LEGAL custody of the student.** For example: mother, father, grandmother, grandfather, aunt, etc. All Skylert information will go to this phone and email address.

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary Phone#: \_\_\_\_\_  home  cell  work

Secondary Phone#: \_\_\_\_\_  home  cell  work

Third Phone#: \_\_\_\_\_  home  cell  work

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

Address : \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Relationship to student:  mother  father  grandmother  grandfather  
 stepmother  stepfather  other: \_\_\_\_\_

**SPOUSE/PARTNER of the Primary Guardian. For example: mother, father, step-father, step-mother, etc.**

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary Phone#: \_\_\_\_\_  home  cell  work

Secondary Phone#: \_\_\_\_\_  home  cell  work

Relationship to student:  mother  father  grandmother  grandfather  
 stepmother  stepfather  other: \_\_\_\_\_

**SECONDARY Guardian: Please list below the person who has SECONDARY LEGAL custody of the student. For example: mother, father, grandmother, grandfather, aunt, etc.**

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary Phone#: \_\_\_\_\_  home  cell  work

Secondary Phone#: \_\_\_\_\_  home  cell  work

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

Address : \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Mailing Address : \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Relationship to student:  mother  father  grandmother  grandfather  
 stepmother  stepfather  other: \_\_\_\_\_

**EMERGENCY CONTACTS: In case of emergency, MTHS policy is to contact one or both parents in the order listed on the first page of this document . Please let us know if this changes. List any other emergency contacts other than guardians.**

**1<sup>st</sup> emergency contact**

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

1<sup>st</sup> Number to call: \_\_\_\_\_  home  cell  work

2<sup>nd</sup> Number to call: \_\_\_\_\_  home  cell  work

**2<sup>nd</sup> emergency contact**

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

1<sup>st</sup> Number to call: \_\_\_\_\_  home  cell  work

2<sup>nd</sup> Number to call: \_\_\_\_\_  home  cell  work

Report cards are accessible online, but if you do not have family access or a computer, you can request a paper copy of your student's report card by contacting Tina Winkler in the guidance department at 367-4151 (Ext. 551.)

Parents please take few moments to answer these voluntary questions. Your participation will help schools get U.S. Department of Defense assistance for children struggling with their parent's or guardian's military deployment.

Do you currently serve in the military, including National Guard or Reserve?

Yes  No

If you are currently serving in the military do you expect to be deployed this year?

Yes  No

If you are currently serving in the military have you returned from deployment in the last 6 months?

Yes  No

### Student Confidential Information

Student last Name \_\_\_\_\_ Student first name \_\_\_\_\_ Middle Initial \_\_\_\_\_

By completing this questionnaire, you help the district comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers help the district identify services that the student may be eligible to receive.

1. Where is the student living now? (Check one box)

- In a shelter       In a motel or hotel       With more than one family in a house or apartment  
 In a car       In a trailer park or campsite       With friends or family members (other than parent/guardian)  
 None of the above

**If you checked the box marked "none of the above", please sign this form below. It is not necessary for you to complete the remainder of this form.**

**If you checked any of the other boxes above, please continue to fill out the remainder of this form.**

2. Does the living arrangement checked in Question 1 result from the loss of housing or economic hardship?

- Yes       No       Unsure

3. The student lives with:

- 1 Parent       2 Parents       1 Parent and another adult       Alone with no adults  
 An adult who is not the parent or the legal guardian       A relative, friend(s), or other adult(s)

4.  I may qualify, but do not wish to participate.

Does the student have an IEP or 504?  Current       Past

Does the student qualify for free and/or reduced lunch?  Yes  No

Parent/Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Counselor signature \_\_\_\_\_