

**MADISON COUNTY SCHOOLS**  
**Student Data Information**

Name: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Was student previously enrolled in Madison County Schools? \_\_\_ Yes \_\_\_ No

If not Madison County Schools, was student ever enrolled in any Alabama public school? \_\_\_ Yes \_\_\_ No

If yes, what school and city? \_\_\_\_\_ Years attended: \_\_\_\_\_

If entering grades 10, 11 or 12: what school year did the student enter 9<sup>th</sup> grade? \_\_\_\_\_

Are you a member of a recognized Native American Indian Tribe? \_\_\_ Yes \_\_\_ No I.D. Number: \_\_\_\_\_

Has student ever received Special Education, Gifted, or 504 services? \_\_\_ Yes \_\_\_ No

Does student have a current IEP/GEP? \_\_\_ Yes \_\_\_ No Does the student have a current 504 Plan? \_\_\_ Yes \_\_\_ No

Has student ever been suspended/expelled? \_\_\_ Yes \_\_\_ No If yes, provide the name of the school and date(s): \_\_\_\_\_

**Siblings**

Name: \_\_\_\_\_ School: \_\_\_\_\_ Name: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Name: \_\_\_\_\_ School: \_\_\_\_\_

**Transportation (please specify)**

A.M.: \_\_\_ Bus \_\_\_ Car \_\_\_ Van \_\_\_ Extended Day \_\_\_ Walker

P.M.: \_\_\_ Bus \_\_\_ Car \_\_\_ Van \_\_\_ Extended Day \_\_\_ Walker

**Home Language Survey**

Does your child speak a language other than English? \_\_\_ Yes \_\_\_ No

Is a language other than English spoken at home? \_\_\_ Yes \_\_\_ No If Yes, what language? \_\_\_\_\_

What language did your child learn when he/she first began to talk? \_\_\_\_\_

What language does your child most frequently speak at home? \_\_\_\_\_

Where was your child born? \_\_\_\_\_

If not born in the United States, when did your child first begin school in the U.S.? \_\_\_\_\_

Has your child had ELL services before? Yes \_\_\_ No \_\_\_ If yes, when did the services begin? \_\_\_\_\_

In what language would you prefer to receive communication (if possible)? \_\_\_\_\_

**Military (Impact Aid):**

Is either parent Active Duty Military? \_\_\_ Yes \_\_\_ No

Is either parent in the National Guard or Reserves? \_\_\_ Yes \_\_\_ No

Is either parent employed on Government/Federal Property? \_\_\_ Yes \_\_\_ No

**Students Entering Kindergarten**

Please indicate each preschool program attended and circle the length of attendance.

___ Center Based Child Care	1 year	Less than 1 year	More than 1 year
___ First Class Funded	1 year	Less than 1 year	More than 1 year
___ Head Start	1 year	Less than 1 year	More than 1 year
___ Home Visitation Program	1 year	Less than 1 year	More than 1 year
___ Home Based Child Care	1 year	Less than 1 year	More than 1 year
___ Special Education Funded	1 year	Less than 1 year	More than 1 year
___ State Funded	1 year	Less than 1 year	More than 1 year
___ Other	1 year	Less than 1 year	More than 1 year
___ No Preschool			