

Schenectady City School District
2007-2008 Census Questionnaire

Parent/Guardian information

Mother/Guardian

Name: _____ Relationship to child(ren): _____

Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above) _____

PHONE NUMBERS(S):

() _____ () _____ () _____
Home Work Cell

Father/Guardian

Name: _____ Relationship to child(ren): _____

Address: (if different from mother's) _____ Apt. _____

City: _____ State: _____ Zip: _____

Mailing address (if different from above) _____

PHONE NUMBERS(S):

() _____ () _____ () _____
Home Work Cell

What is the primary language spoken in your home? (Select one):

- English Spanish French Farsi Pashto Chinese Arabic

Emergency Contacts

1. Name: _____ Relationship to family: _____

Number(s): () _____ () _____

2. Name: _____ Relationship to family: _____

Number(s): () _____ () _____

Family Physicians name and phone number: _____

Hospital preference: _____

Child's Information

Child's Name: _____, _____, _____
(Last) (First) (Middle Name)

Child's Nickname (if any): _____

Child's Date of Birth: ____/____/____ M F Is Child a U.S. Citizen? Y N
(Month) (Day) (Year)

Country of Birth: _____ Date entered U.S. ____/____/____
(Month) (Day) (Year)

Current school attending: _____ Current Grade: _____

Is this child currently home schooled? Y N Will they continue to be home schooled over the next few years? Y N

Child's race: White (not Hispanic origin) African American/Black Hispanic/Latino Asian
 American Indian/ Alaskan Native Native Hawaiian/Other Pacific Islander

Child lives with: Both Parents/Guardians Mother Father Other _____ (please identify)

Is this child currently eligible for a Pre-K program? Y N

Will this child be eligible for a Pre-K program with in the next 2-3 years? Y N

School Year when eligible 2008/2009 2009/2010 2010/2011

Does child currently receive English as a Second Language, (ESL) services? Y N How many years? _____

Has this child received ESL services in any other State or Country? Y N.

If yes, where? _____ How many Years? _____

Does this child have a history of any of the following?

Speech and language problems Learning disabilities Special needs that we should be aware of?

If so, please indicate what the problem may be and any information you would like us to know that may help us to better meet their needs _____

Does this child have any of the following medical conditions that could affect them during school hours that we should be aware of? Seizures High/low blood sugar Heart condition High/low blood pressure Other Please explain: _____

Thank you very much for your cooperation in filling out this questionnaire. Schenectady City School District appreciates your efforts. If you have any questions or concerns please, feel free to contact us.