

BELLOWS FREE ACADEMY – Fairfax

STUDENT DATA FORM 2009-10

It is important that BFA-Fairfax be notified immediately if any student information changes. This will enable staff to input any changes that may occur during the school year and have the most up-to-date information available.

Student Name: _____ Entering Grade: _____ Gender: ___M___F
First Name, Middle Name, Last Name

Legal Town of Residence: _____ →→→→→(what town do you pay taxes or pay rent to)

Place of Birth: _____ Date of Birth: _____

Ethnic Background: _____ **Mid-Day Bus Drop-off Location for Kindergartners if other than home:** _____
(Native American, Asian, African American, Hispanic, Caucasian, Other) **Please do not leave blank.**

Student Lives With: _____ Mother _____ Father _____ Stepmother _____ Stepfather
(Check Which Option Applies) _____ 50/50 Custody _____ Guardian(s) _____ Other

IS THIS STUDENT IN STATE DCF CARE AND CUSTODY? _____ Yes _____ No

PARENT/GUARDIAN INFORMATION SECTION

Our school software allows for one person to be listed under Contact 1st through 4th. Please read the following instructions listing each contact as follows:

1st Contact – The first contact is the person that the student spends the most time with, ie biological mother, biological father, or primary guardian(s). In the case of students living 50/50 with separate parents, please list one parent name on each of the 1st and 2nd contacts. That way, both parents will receive school mailings. For students living 100% with both parents, please list one parent name on each of the 1st and 2nd contacts.

2nd Contact – See instructions for 1st Contact above. School mailings will be issued if the address is different from 1st contact (ie 50/50 student custody relationships).

3rd & 4th Contact - Usually Step-parent(s). This contact information will not receive school mailings. Do not list emergency contacts in these two fields.

1st Contact (See instructions above)

Mother's Name or Primary Guardian:	Does this person have legal custody? Yes/No or 50/50
Mailing Address:	
Town:	Home Phone:
State / Zip Code:	Cell Phone:
Employer Name and Work #:	
U.S. Citizen (circle one): Y N	
Primary Language Spoken At Home:	
Mother's Education Level: Circle One: GED, Completed High School, Some College Education , 2-Year College Degree, 4-Year College Degree, Other – please specify:	

2nd Contact (See instructions above)

Father's Name or Primary Guardian:	Does this person have legal custody? Yes/No or 50/50
Mailing Address:	
Town:	Home Phone:
State / Zip Code:	Cell Phone:
Employer Name and Work #:	
U.S. Citizen (circle one): Y N	
Primary Language Spoken At Home:	
Father's Education Level: Circle One: GED, Completed High School, Some College Education , 2-Year College Degree, 4-Year College Degree, Other – please specify:	

This is a two page form. Please complete page 2 on reverse side.

3rd Contact (See instructions on page 1)

Stepmother's Name: _____		Does this person have legal custody? Yes/No or 50/50 _____	
Mailing Address: _____			
Town: _____		Home Phone: _____	
State / Zip Code: _____		Cell Phone: _____	
Employer Name and Work #: _____			
U.S. Citizen (circle one): Y N			
Primary Language Spoken At Home: _____			
Stepmother's Education Level: Circle One: GED, Completed High School, Some College Education , 2-Year College Degree, 4-Year College Degree, Other – please specify: _____			

4th Contact (See instructions on page 1)

Stepfather's Name: _____		Does this person have legal custody? Yes/No or 50/50 _____	
Mailing Address: _____			
Town: _____		Home Phone: _____	
State / Zip Code: _____		Cell Phone: _____	
Employer Name and Work #: _____			
U.S. Citizen (circle one): Y N			
Primary Language Spoken At Home: _____			
Stepfather's Education Level: Circle One: GED, Completed High School, Some College Education , 2-Year College Degree, 4-Year College Degree, Other – please specify: _____			

Other Contact Information

Information you would like us to have about other parental or guardianship outside of home:			
Name: _____	Relationship to Student: _____		
Address: _____	City, State, Zip Code: _____		
Home Phone: _____	Cell Phone: _____	Work Phone: _____	

Siblings

First Name _____	Last Name _____	Gender _____	DOB _____
First Name _____	Last Name _____	Gender _____	DOB _____
First Name _____	Last Name _____	Gender _____	DOB _____
First Name _____	Last Name _____	Gender _____	DOB _____
First Name _____	Last Name _____	Gender _____	DOB _____

Physician & Dentist Information

Primary Doctor: _____	Phone # _____
Dentist: _____	Phone # _____

Emergency Contact

Our software allows for up to two emergency contacts per student. Do not list anyone from 1st – 4th Contacts. Emergency information is generally relatives or neighbors that may be available if BFA cannot reach Contact 1 - 4 during the school day.	
Name: _____	Name: _____
Phone: _____	Phone: _____

Educational Services

Your child may be eligible for supplemental educational services. Have you moved or worked on a farm or in the logging industry within the past three years? _____ Yes _____ No
Does your child currently receive educational services for reading, math, or other? _____ Yes _____ No If yes, please specify service. Examples: IEP, 504, Etc. _____