

EVERETT V. OLSEN, Jr., M.B.A.  
Superintendent of Schools

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Assistant Superintendent of  
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Director of Pupil Services

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Director of School Finance



## Westford Public Schools

Administrative Offices  
23 Depot St. • Westford, Massachusetts 01886  
www.westfordk12.us • (978) 692-5560 • FAX (978) 392-4497

### STUDENT DATA SHEET

ENROLL DATE: \_\_\_\_\_ ID #: \_\_\_\_\_ COUNSELOR: \_\_\_\_\_

#### Student Information:

NAME - First: \_\_\_\_\_ Middle (full): \_\_\_\_\_ Last: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Incoming Grade: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City/Town of Residence: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ City/State/Country of Birth: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Student Cell#: \_\_\_\_\_ Student Email: \_\_\_\_\_

#### **Race:** (Select all that apply)

- ☐ White
- ☐ Black
- ☐ Hispanic
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Pacific Islander or Hawaiian Native

#### **Military Family:**

- ☐ Yes
- ☐ No

#### **Special Education IEP:**

- ☐ Yes
- ☐ No

Primary Language: \_\_\_\_\_

Bilingual Language: \_\_\_\_\_

School Transferring from: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_

#### Parent/ Guardian Information:

Parent/Guardian #1

Parent/Guardian #2

Relationship to student: \_\_\_\_\_

- ☐ Custodial Parent
- ☐ Joint Custodial Parent
- ☐ Non-Custodial Parent
- ☐ Legal Guardian

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

Address \_\_\_\_\_

(Circle One) Rent Own Other \_\_\_\_\_

Phone: 1 \_\_\_\_\_ Type: C H W

2 \_\_\_\_\_ Type: C H W

3 \_\_\_\_\_ Type: C H W

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

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- ☐ Custodial Parent
- ☐ Joint Custodial Parent
- ☐ Non-Custodial Parent
- ☐ Legal Guardian

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

Address \_\_\_\_\_

(Circle One) Rent Own Other \_\_\_\_\_

Phone: 1 \_\_\_\_\_ Type: C H W

2 \_\_\_\_\_ Type: C H W

3 \_\_\_\_\_ Type: C H W

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

SHAPING THE FUTURE ONE CHILD AT A TIME

Updated 02/11/20