



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

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- Custodial Parent
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- Non-Custodial Parent
- Legal Guardian

Name: _____

Name: _____

Address _____

(Circle One) Rent Own Other _____

Address _____

(Circle One) Rent Own Other _____

Phone: 1 _____ **Type:** C H W

2 _____ **Type:** C H W

3 _____ **Type:** C H W

Phone: 1 _____ **Type:** C H W

2 _____ **Type:** C H W

3 _____ **Type:** C H W

Email: _____

Email: _____