



STUDENT INFORMATION	Student's Legal Last Name		Student's Legal First Name		Student's Legal Middle Name		
	Date of Birth	Student's Personal Email			Student's Cell Number		
	Physical Address		City			State	Zip Code
	Mailing Address (if the <u>same</u> as the physical address, just write " <u>same</u> ")						
	Was the first Language used by this student something other than English? No Yes If yes, what language? _____ When at home, does the student hear or use a language other than English more than half the time? No Yes If yes, what language? _____ Is the student currently receiving English Language Learner (ELL) Services? No Yes _____						
	Is this student Hispanic or Latino?		No not Hispanic or Latino		Yes <input type="checkbox"/> Hispanic or Latino		
	Is this student (choose all that apply)		<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Asian		
		Tribal Affiliation: _____					
		<input type="checkbox"/> Black or African American		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
				<input type="checkbox"/> White			
PARENT(S)/GUARDIAN CONTACT	Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Student lives on their own (choose all that apply) <input type="checkbox"/> Mother & Stepfather <input type="checkbox"/> Father & Stepmother <input type="checkbox"/> Other: _____						
	Primary Parent(s)/ Guardian	Name (Last, First)		Relationship to Student		Cell Number	
		Personal Email				Landline Number	
		Name (Last, First)		Relationship to Student		Cell Number	
		Personal Email				Landline Number	
	Emergency Contact	Name (Last, First)		Relationship to Student		Phone	

How did you hear about iForward?

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| <input type="checkbox"/> TV Advertisement | <input type="checkbox"/> Internet Search | <input type="checkbox"/> Radio or Newspaper Advertisement |
| <input type="checkbox"/> Referral from a friend or relative | <input type="checkbox"/> Referral from my current school | <input type="checkbox"/> Referral from an iForward Student |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> I am a previous iForward student | <input type="checkbox"/> Other _____ |