

**BETHANY ELEMENTARY STUDENT PERSONAL DATA RECORD**

Pre-K preference  
AM PM

Office Use Only: Teacher \_\_\_\_\_ ID# \_\_\_\_\_ Grade (20-21) \_\_\_\_\_

\_\_\_\_\_ M \_\_\_ F \_\_\_  
Last First Middle Common Name

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Date of Birth Place of Birth (City & State) Social Security Number

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Street Address City Zip Home Phone #

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Mailing Address (If Different) City Zip Cell Phone #

**Pre-K and Kdg. ONLY**

**PLEASE CHECK ALL THAT YOUR STUDENT HAS PARTICIPATED IN:**

- OK Licensed Childcare Program
- The Sooner Start Program
- The Oklahoma Parents as Teachers
- The Children First Program
- Any Child Abuse Prevention Program
- Federal Head Start Program

\_\_\_\_\_ \_\_\_\_\_  
Name of School Last Attended Phone

Has your child been enrolled in Special Education? Yes \_\_\_ No \_\_\_  
If yes, please check all that apply: I.E.P \_\_\_ 504 \_\_\_ ELL \_\_\_ SPEECH \_\_\_

Has your child previously qualified for free or reduced lunch? Yes \_\_\_ No \_\_\_

**CHECK THE PRIMARY ETHNICITY:  
(Please circle all additional ethnicities if there is more than one)**

Hispanic/Latino \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Black/African American \_\_\_\_\_  
Asian \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ White \_\_\_\_\_

Language spoken in the Home \_\_\_\_\_ Is there a second language? \_\_\_\_\_

**\*\*\*PLEASE CONTINUE TO THE BACK\*\*\***

**PARENTAL INFORMATION**

**Student lives with (Both Parents)\_\_\_\_\_ (Father only)\_\_\_\_\_ (Mother only)\_\_\_\_\_**  
**(Grandparent(s))\_\_\_\_\_ (Legal Guardian) \_\_\_\_\_**

*Father's Name* \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

*Mother's Name* \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**EMERGENCY CONTACT: PERSON TO NOTIFY IN CASE OF ILLNESS OR INJURY IF PARENTS ARE NOT AVAILABLE: WE ARE REQUIRED TO HAVE THIS INFORMATION.**

Name	Phone Number	Relationship
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Please list everyone that is allowed to pick your child up from school:


\*PLEASE LIST ALL NON-SCHOOL AGE SIBLINGS AND DATE OF BIRTH:

\*PLEASE LIST ANY SIBLINGS THAT ATTEND BETHANY SCHOOLS AND THEIR GRADE FOR THE 2020-2021 SCHOOL YEAR:

*This signature certifies that the information given on this form is legally accurate and valid, and that the school will be properly informed of changes of residence, phone numbers or status.*

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**