



# U.S. Virgin Islands Department of Education

## STUDENT DEMOGRAPHIC INFORMATION

### St. Thomas-St. John District Public School Registration

#### STUDENT INFORMATION

Student's Full Name: \_\_\_\_\_  
*Last Name* *First Name* *Middle Name*

**\*School and Grade Placement determined by the Office of Student Services\*** Sex: Male Female

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ US Citizen: Yes No

Home Language: \_\_\_\_\_ Primary Language: \_\_\_\_\_ Hispanic: Yes No

Race (Check all that applies to student)

Asian Black American Indian/Alaska Native  
Native Hawaiian/Pacific Islander White

Program (Check all that applies to student)

Regular Special Education  
504 Program English as a Second Language

Residence Address: \_\_\_\_\_  
*Street Address* *City* *State* *Zip Code*

Mailing Address: \_\_\_\_\_  
*Local PO Box/Street Address* *City* *State* *Zip Code*

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

#### PARENT/GUARDIAN INFORMATION

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Resides with Student: Yes No Address (if different from above): \_\_\_\_\_

Marital Status: Single Married Divorced Widowed Place of Birth: \_\_\_\_\_

Nationality: US Citizen Permanent Resident Naturalized Citizen Work Permit None

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

#### PARENT/GUARDIAN INFORMATION

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Marital Status: Single Married Divorced Widowed Place of Birth: \_\_\_\_\_

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