

Las Américas ASPIRA Academy

Student Data Collection Form SY 2025-2026

Student Name: _____ **Grade:** _____
Last Name First Name M.I.

Gender: _____ Male _____ Female **Date of Birth:** _____ / _____ / _____ **Hispanic:** _____ Yes _____ No
Month Day Year

Race: _____ African American _____ American Indian/AK _____ Asian _____ Caucasian _____ Native Hawaiian or Other Pacific Islander

Physical Address:

Street Address _____ Apt. /Development _____

City _____ State _____ Zip Code _____

Mailing Address:
(if different from physical address)

Street Address _____ Apt. /Development _____

City _____ State _____ Zip Code _____

<p style="text-align: center;">PHONE NUMBER - Priority #1</p> <p>*This phone number will be used to notify families of any school delays, closings or emergencies. This phone number must be assigned to the #1 contact person on your student's contact list. There is <u>one</u> number assigned to each student and must kept updated to ensure accurate and timely communication.</p>	<p style="text-align: center;">Phone Number:</p>
---	---

Parent/Guardian Contact Information

*** Only list names of person(s) that live with the student in the area below.**

Contact #1 Relationship		Mother		Stepmother	Contact #2 Relationship		Mother		Stepmother		
		Father		Stepfather			Father		Stepfather		
		Court Appointed Guardian					Court Appointed Guardian				
		Other					Other				
Living With:	X	Yes		No	Living With:	X	Yes		No		
First Name					First Name						
Middle Name					Middle Name						
Last Name					Last Name						
Generation	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V				Generation	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V					
Home Address	Same as student				Home Address	Same as student					
Home Phone					Home Phone						
Work Phone					Work Phone						
Cell Phone					Cell Phone						
Date of Birth					Date of Birth						
E-Mail (Required)					E-Mail (Required)						
This person is authorized to pick-up child from school		<input type="checkbox"/> Yes <input type="checkbox"/> No			This person is authorized to pick-up child from school		<input type="checkbox"/> Yes <input type="checkbox"/> No				

Emergency Contact Information

<p><u>Important</u> In the event of an emergency, individuals listed here will be contacted if parent/guardian cannot be reached. These contacts are also authorized to pick-up child from school.</p>		Emergency Contact #1	Emergency Contact #2
	First Name		
	Last Name		
	Relationship		
	Home Phone		
	Work Phone		
	Cell Phone		
		Emergency Contact #3	Emergency Contact #4
	First Name		
	Last Name		
	Relationship		
	Home Phone		
	Work Phone		
	Cell Phone		

Special Custody Information: If child lives with person other than natural mother or father, please indicate:

Name: _____

Relationship: _____

Court paperwork on file with school? Yes No

*****ORIGINAL COURT CUSTODY DOCUMENTS MUST BE PRESENTED AT TIME OF REGISTRATION*****