

**Deming Public Schools Student
Demographic Sheet**

School Use Only

Student ID: _____

Prior Enrollment: Yes _____ No _____

In order for a person, to be entered into the database and for Deming Public Schools to make proper contact with parents/guardians (re: grades, attendance, behavior, emergency matters, etc.) all information **MUST** be completed.

Student Information

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Place of Birth: _____ Gender: Male Female

Is the individual Hispanic/Latino? Yes No Is the individual from one or more of these races? (Check all that apply below)

American Indian/Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander Caucasian

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Information

Father: _____ Date of Birth: _____ (month & day required)

Last Name _____ First Name _____ Middle Initial _____ Has Custody of student Lives with student

Mailing Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: (_____) _____ - _____ Other Phone: (_____) _____ - _____

Below please list a personal and/or work e-mail and check what contact reasons you would like listed for each e-mail. For more information contact your registrar.

Preferred Language: English Spanish

Messenger Preferences Contact Reasons

Emergency	Attendance	Behavior	General	Priority	Teacher

E-mail Address: _____

Secondary E-mail: _____

Mother: _____ Date of Birth: _____ (month & day required)

Last Name _____ First Name _____ Middle Initial _____ Has Custody of student Lives with student

Mailing Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: (_____) _____ - _____ Other Phone: (_____) _____ - _____

Below please list a personal and/or work e-mail and check what contact reasons you would like listed for each e-mail. For more information contact your registrar.

Preferred Language: English Spanish

Messenger Preferences Contact Reasons

Emergency	Attendance	Behavior	General	Priority	Teacher

E-mail Address: _____

Secondary E-mail: _____

Guardian: _____ Date of Birth: _____ (month & day required)

Last Name _____ First Name _____ Middle Initial _____ Has Custody of student Lives with student

Mailing Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: (_____) _____ - _____ Other Phone: (_____) _____ - _____

Below please list a personal and/or work e-mail and check what contact reasons you would like listed for each e-mail. For more information contact your registrar.

Preferred Language: English Spanish

Messenger Preferences Contact Reasons

Emergency	Attendance	Behavior	General	Priority	Teacher

E-mail Address: _____

Secondary E-mail: _____

Sibling Information *Please only list siblings that are attending a school at Deming Public Schools*

Last Name	First Name	Middle Initial	School	Date of Birth

Emergency Contact Information

Last Name	First Name	Phone Number	Relationship	Date of Birth
		(_____) _____ - _____		
		(_____) _____ - _____		
		(_____) _____ - _____		