

Snap Shots of all fields required by either the State or District or both.

DR – District Required

SR – State Required

Personal

Basics

Student Number: 010000
 Alternate Number: 00001234
 Surname: Smith
 First Name: John
 Middle Name: Paul
 Generation:
 Preferred Name:
 Full Legal Name (if different):
 Gender: Male
 Social Security #: 00001234
 Birth Date: 01/01/2000

Phone Numbers

Name	Ext	Area	Phone	City	State	Type
Home	010	020	1234	London	Phase	
Work				London	UK	

Additional Communication Numbers

Communication Number:
 Communication Type:
 Parent's Number: 0100001234
 Type:
 Type:

1. Student Number (SR and DR)
2. Alternate Number
3. First Name (SR and DR)
4. Last Name (SR and DR)
5. Gender (SR and DR)
6. Social Security Number (SR and DR)
7. Phone Numbers (DR)

Demographics

Birth Information: Birthdate (mm/dd/yyyy): 01/01/2000, Birthplace: USA
 Ethnic Category: White
 Home Language: English
 Lunch Status: Eligible for reduced meals

Registration

Enrollment Status: Not Enrolled
 Student Type: Fulltime
 Registration Status: Registered
 Home School: Cypress Elementary School
 Default Registration School: N/A
 Proposed School: Blountville Middle School
 Registration Grade: 5

Addresses

Email Address:
 Physical Address:
 Address: 1234, Street: 5678, Type: SO, Direction: NE, City: Carroll, State: Arizona, Zip Code: 85001

1. Birth Info (SR and DR)
2. Ethnic Category (SR and DR)
3. Home Language (SR and DR)
4. Lunch Status (SR and DR)
5. Student Type (SR)
6. Registration Status (SR)

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Patient

Mailing Address (if different from Physical)

Number: [] Street: [] Type: [N/A] Director Apt: [N/A]

City: [] State: [] Zip Code: []

Area: [] County: [] Country: []

Medical:

Medical Number: []

Disability: []

Medical Alert: []

Referral to: Call Doctor Call Ambulance Treat

Doctor's Name: []

Doctor's Phone

Floor	Prfx	Area	Phone	Ext.	Usage	Type
[None]	[]	[]	[]	[]	[Listed]	[N/A]
[None]	[]	[]	[]	[]	[Listed]	[N/A]

Doctor's Address

Line 1: []

7. Mailing Address (only if different from Physical Address)

The rest are not mandatory either for the State or the District.

Medical Alert: []

Referral to: Call Doctor Call Ambulance Treat

Doctor's Name: []

Doctor's Phone

Floor	Prfx	Area	Phone	Ext.	Usage	Type
[None]	[]	[]	[]	[]	[Listed]	[N/A]
[None]	[]	[]	[]	[]	[Listed]	[N/A]

Doctor's Address

Line 1: []

Line 2: []

City: [] State: [] Zip Code: []

Area: [] County: [] Country: []

Miscellaneous

Legal Alert: []

None are mandatory.

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Add Contact 1 of 1 Add Contact Help

Basics

Title: Mrs

Surname: Smith

First Name: Ryan

Mobile Name:

Relationship

Relationship to student: Minor

Contact Position for school: Position Occupant

<input checked="" type="checkbox"/> First Contact	
<input type="checkbox"/> Second Contact	
<input type="checkbox"/> Third Contact	
<input type="checkbox"/> Fourth Contact	
<input type="checkbox"/> Emergency Contact 1	
<input type="checkbox"/> Emergency Contact 2	

Lives with Smith, Jane F.

Has custody of Smith, Jane F.

Gets residence for Smith, Jane F.

Emergency

Personal

Social Security #: []

Contact Type: FAX

Education: []

Home Language: English Requires Translation

1. Contact Information (DR).
Contact's personal information such as Social Security Number is not mandatory unless the information is available.

Personal

Social Security #: []

Contact Type: FAX

Education: []

Home Language: English Requires Translation

Phone Numbers

Key	Phone Area	Phone	Ext.	Listing	Type
Home	818	823-1212		Unlist	Phone
Fax				Unlist	FAX

Additional Communication Numbers

Communication Number	Communication Type
[]	FAX
[]	FAX
[]	FAX
[]	FAX

Home Address

Address	Street	Type	Division	Appt.
02	Cambridge	SO	NE	

City: [] State: [] Zip Code: []

Area: [] County: [] Country: []

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Home Address

Number: 100 Street: Curvesland Zip: 00 District Apt: RE

City: State: Zip Code: 00000

Country: USA

Employment

Employee Name: Employer Type: Job Position:

Employment Address

Line I: Line II:

Zip: State: Zip Code: Country: USA

Enrollment

Home School: Grouse Elementary School

Date (mm/dd/yyyy): 08/11/2002 Status Code: Enrolled School: Grouse Elementary School

Comment:

Instr Service Period of Service: Primary school assigned for the student

English Language Background: English Native

1. Enrollment or withdrawal information (SR and DR)
2. Instructional Service (SR and DR)
3. English Language Background (SR and DR)

Student Classification			
Subject	Type	Start	End
10/A	E-Reg. In	08/15/2002	05/21/2003

Student Transitional Grade			
Subject	Transitional Start	Transitional End	Grade
10/A	08/24/2002	05/20/2003	3

Student Standard Day		
Subject	Standard Day	Effective
10/A	030	08/15/2002

1. Student Classification (SR and DR)
2. Student Transitional Grade (SR and DR – if applicable)
3. Student Standard Day (SR and DR)

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The screenshot shows a software interface with a yellow background and a grey header bar labeled "Additional Info". The interface is organized into several sections:

- District Wide Information:** Includes a dropdown menu for "District Wide Information" and a "SSN" field with the value "45071238". Below this is a "Prev. Data" section with fields for "Prev. Social Security Number", "Prev. FID", "Prev. First Name", "Prev. Middle Name", and "Prev. Last Name".
- School Specific Information:** Includes a dropdown menu for "School Specific Information" and a "State School" dropdown menu with the value "George Cleveland School".
- Basic Info:** Includes fields for "Course of Study" (N/A), "In Bus Number", "PM Bus Number", and "Est. Miles Transported".
- Special Education:** Includes fields for "Special Education Funding Option" (1), "Funding Option Start (mm/dd/yyyy)" (09/13/2003), "Funding Option End (mm/dd/yyyy)" (06/22/2003), and "Rotational Outside IEP Classes" (empty dropdown).

1. District Wide Information (SR and DR)
2. Previous Data (SR and DR)
3. School specific information (SR and DR for new students)
 - Basic Info
 - Special Education