



# International Center for Community Development

# ICCD

## Student Information Sheet

Student Name \_\_\_\_\_ Date \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name of the school attending \_\_\_\_\_ **Grade Level** \_\_\_\_\_

Does the student read and write in  Spanish  English  French Other \_\_\_\_\_

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_ Guardian \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email: \_\_\_\_\_

How many brothers/ sisters? Brother(s) \_\_\_\_\_ Ages \_\_\_\_\_ Sister(s) \_\_\_\_\_ Ages \_\_\_\_\_

Does the student have any kind of allergies? Yes  (list) \_\_\_\_\_ None

Does the student have any specific illness/disability?  If yes, what is it? \_\_\_\_\_

Who is bringing the student to the Center? Parents  Friends  Name \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Parent's educational level (**Grade Completed**) mother \_\_\_\_\_ father \_\_\_\_\_ College \_\_\_\_\_

How many people live in your household? Adult \_\_\_\_\_ Children \_\_\_\_\_ Other \_\_\_\_\_

**Required Fees \$25\*** Cash  Check  Other \_\_\_\_\_ *Only ED can waive fee*

Is there any disabled member in the family?  Yes  NO - If yes, what? \_\_\_\_\_

What is the family total income? Less than \$10,000  \$10,000-\$20,000  Over \$20,000

**How did you hear about us?** Family  Friends  Online  School  Other

Additional information \_\_\_\_\_

**Does anyone in your family need help with the following? (Please check all that apply)**

- Finances  Legal Matters  Work/Job  Immigration  Grief/Loss  Housing/Utilities
- Food  Parenting  Health/Illness  Family Member  Surgery/Injury  Translation
- ABE/ESL  Education  College Access  OTHER \_\_\_\_\_

**After-School Pick-up:**

After 6:00 PM, there will be an additional charge of **\$2.50** for every **5 minutes** for each student who is left on campus. Option to pay monthly for required fee is available for **\$10\*** per child. Payments must be made between **1st and 5th** day of each Month to the Front Desk. Please make checks or money order payable to ICCD. Thank you for your cooperation.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## *NOTES*

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