

Family Profile 2022-2023

Campus Name Memorial High School

Campus Code 920-001



Student Name (first) _____ (last) _____

Student Information	Grade Level: _____		Ethnicity (required) <input type="checkbox"/> 1 Hispanic/Latino OR <input type="checkbox"/> 2 NOT Hispanic/Latino	Race (select all that apply) <input type="checkbox"/> 1 American Indian/Native Alaskan <input type="checkbox"/> 2 Asian <input type="checkbox"/> 3 Black/African American <input type="checkbox"/> 5 Native Hawaiian/Other Pacific Islander <input type="checkbox"/> 6 White
	Gender <input type="checkbox"/> 1 Male <input type="checkbox"/> 7 Female			
	Date of Birth ____ / ____ / ____			
	(Check ONE) Home Language <input type="checkbox"/> 1 English <input type="checkbox"/> 3 Spanish <input type="checkbox"/> 5 Vietnamese <input type="checkbox"/> 9 Other: _____			

Family Information	The Student Lives WITH: (Check ALL that apply) <input type="checkbox"/> 1 Mother <input type="checkbox"/> 3 Father <input type="checkbox"/> 7 Grandmother <input type="checkbox"/> 12 Other Relative <input type="checkbox"/> 9 Grandfather <input type="checkbox"/> 16 Legal Guardian <input type="checkbox"/> 14 Foster Parent <input type="checkbox"/> 31 Independent <input type="checkbox"/> 18 Step Parent <input type="checkbox"/> 33 Non-Relative	The Student Lives WHERE: (Check ONLY ONE) <input type="checkbox"/> 1 Immediate Family Home <input type="checkbox"/> 10 Emergency Shelter <input type="checkbox"/> 3 Other Relative's Home <input type="checkbox"/> 13 Other Perm. Shelter <input type="checkbox"/> 5 Motel <input type="checkbox"/> 15 Detention Facility <input type="checkbox"/> 7 Halfway House <input type="checkbox"/> 17 Foster Home <input type="checkbox"/> 9 Residential Placement <input type="checkbox"/> 21 Non-Relative's Home <input type="checkbox"/> 23 Homeless
	_____ Yes _____ No Female Head of Household (Unmarried woman who pays more than 50% of costs for mom and her dependents)	Number of people living in the household _____
	Public Assistance (Check ALL that apply to student and family) <input type="checkbox"/> 99 None <input type="checkbox"/> 4 Public Housing <input type="checkbox"/> 24 WIA Participant <input type="checkbox"/> 6 SSI <input type="checkbox"/> 25 CHIP <input type="checkbox"/> 8 Food Stamps <input type="checkbox"/> 11 Medicaid <input type="checkbox"/> 13 WIC	Special Characteristics (Check ALL that apply) <input type="checkbox"/> 2 Parent(s) Incarcerated** <input type="checkbox"/> 11 Gifted & Talented <input type="checkbox"/> 4 Migrant Family <input type="checkbox"/> 12 Special Education <input type="checkbox"/> 6 Military Family <input type="checkbox"/> 16 JJAEP <input type="checkbox"/> 8 Homeless** <input type="checkbox"/> 23 ESL/LEP** <input type="checkbox"/> 9 Foster Care** <input type="checkbox"/> 28 Natural Disaster Victim <input type="checkbox"/> 10 Physical Disability <input type="checkbox"/> 30 None <input type="checkbox"/> 50 Immigrant <input type="checkbox"/> 51 Unschooled, Asylee or Refugee

Student's Country of Origin: _____

CIS Staff Use Only - The asterisks (**) indicate that the selection must also be selected on the Eligibility Criteria Checklist.