

Name of Student _____
(last) (first) (middle)

Student ID# _____

NJ SMART INFORMATION

The state department has a mandate in relation to a statewide student data based system entitled NJ SMART. Each district is required to keep specific information on every student.

In order to help us enter the accurate fields of data, please complete the following information regarding your child:

1. **Is the student Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race) **Yes** **No**
2. **Race/Ethnicity background information, check all that apply:**
 - White** (A person having origins of the original peoples of Europe, the Middle East or North Africa)
 - Black or African American** (A person having origins in any of the black racial groups of Africa)
 - Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
 - American Indian or Native American** (A person having origins in any of the original people of North and South America (including Central America) and who maintains a tribal affiliation or community attachment)
 - Native Hawaiian or Other Pacific Islander** (A person having origins in any of the people of Hawaii, Guam, Samoa, or other Pacific Islands)

3. **Language Spoken at home:** _____ **Native Language:** _____

Is the Student Bilingual? **YES** **NO*** (Please complete the Home Language Survey)

4. **Military Affiliation - check all that apply:**

- Not military affiliated**
- Active Duty** – Student is a dependant of a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Marine Corps or Coast Guard
- National Guard or Reserve** – Student is a dependent of a member of the National Guard or Reserved Forces (Army, Navy, Air Force, Marine Corps or Coast Guard)

5. **If born outside of the United States, complete below:**

Date of Entry into U.S. _____ Date of Entry into U.S. school _____

Does your child have Health Insurance including NJ FamilyCare/Medicaid, Medicare, private or other?

Health Carrier: _____

YES **Physician's Name:** _____

NO

Phone: _____

NJFamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit www.njfamilycare.org to apply online.

You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

**Note: All descriptors are taken directly from the NJ SMART Student Data Handbook V6.0*

Parent's Name _____ **Parent's Signature** _____ **Date** _____
(Please print) (Please sign in ink)