

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Last First Middle(No Initial)

State-Assigned Student Identifier No. (SASID) \_\_\_\_\_

Locally-Assigned Student Identifier No. (LASID) \_\_\_\_\_

PARENT or  
GUARDIAN \_\_\_\_\_

Student's  
City of Birth \_\_\_\_\_ Special Education Needs YES \_\_\_\_\_ NO \_\_\_\_\_

Student's  
Date Of Birth \_\_\_\_\_ Primary Language Spoken in Home \_\_\_\_\_  
Year / Month / Day

Date of Record	Residence	School Presently Attended	Age	Grade

The Commonwealth of Massachusetts Pupil Census Card.