

NJ SMART DATA

STUDENT NAME: _____ **DATE** _____

All information should correspond to child's birth certificate or other legal documentation

| DATA ELEMENT | EXPLANATION |
|---|-------------------|
| Last Name | |
| First Name | |
| Middle Name | |
| Generation Suffix – if any | |
| Gender | |
| Date of Birth | |
| City of Birth | |
| State of Birth | |
| Country of Birth | |
| City of Residence | |
| Ethnicity * Please circle either Yes or No “Yes” = Hispanic or Latino “No” = Not Hispanic or Latino | “Yes” “No” |
| Race * Please circle either Yes or No Note: More than one race category may be reported | |
| American Indian or Alaskan Native | “Yes” “No” |
| Asian | “Yes” “No” |
| Black | “Yes” “No” |
| Pacific | “Yes” “No” |
| White | “Yes” “No” |
| Health Insurance | “Yes” “No” |
| Health Insurance Provider – name | |
| Date of last medical exam | |
| Date of last lead test | |
| Lead level (Range of values: 2 – 100.00) | |
| Date of first polio immunization | |

* The categories reflect the revised Standards for the Classification of Federal Data on Race and Ethnicity by the US Office of Management and Budget – Statistical Policy Directive No. 15 (1997)