FORM M 6

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)