



STUDENT REGISTRATION FORM – 2020-2021

Student Information		
Name of Student:	_____	_____
	Last Name	First Name
		Middle Name
Address:	_____	

Parent Email Address:	_____	
Home Phone:	_____	Medicaid # (if applicable) _____
Date of Birth:	_____	Place of Birth (city & state): _____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Grade:	<input type="checkbox"/> Pre-K <input type="checkbox"/> K* <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th	
Is this student Hispanic/Latino? (choose one)	<input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino	
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or <input type="checkbox"/> Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White	
Student Lives With:	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother/Step-Father <input type="checkbox"/> Father/Step-Mother	
	<input type="checkbox"/> Guardian (Name): _____	
	Guardian's Relationship: _____	
Father's Name:	_____	Phone: _____
Father's Employer:	_____	Phone: _____
Mother's Name:	_____	Phone: _____
Mother's Employer:	_____	Phone: _____
Guardian's Name:	_____	Phone: _____
Guardian's Employer:	_____	Phone: _____

*half-day Kindergarten is available upon request.

Emergency Information

IN CASE OF EMERGENCY, PLEASE CALL: (provide phone numbers in addition to home/work listed previously)

Name: _____ Phone: _____

Name: _____ Phone: _____

Additional Student Information

Name of School Last Attended: _____

School Address: _____

Does your student currently receive Special Education Services? Yes No

Does your student currently receive other support services? Yes No

Has your child ever been enrolled in an Illinois School? Yes No

Military

Is either parent/guardian currently deployed to active duty? Yes No

Is either parent/guardian expecting to be deployed to active duty during the school year? Yes No

Pre- K Registration Only

What is your preference for pre-school session? A.M. P.M.

Keep in mind, we cannot guarantee your child will be placed in this session, but we will do our best to accommodate your preference.

Language Survey / Encuesta del Idioma en el Hogar

The state requires the district to collect the following information for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps identify the students who need to be assessed for English Language proficiency. If you select Yes to either of the questions below, the law requires the school to assess your child's English language proficiency.

El estado requiere que el distrito recoja información en una Encuesta del Idioma que se Habla en el Hogar (Home Language Survey o HLS por sus siglas en inglés) para cada estudiante nuevo. Esta información se usa para contar a los estudiantes cuyas familias hablan en el hogar un idioma que no es el inglés. También ayuda a identificar a los estudiantes que necesitan ser evaluados para la fluidez en el idioma inglés. Si la respuesta a cualquiera de las preguntas es "Sí", la ley requiere que la escuela evalúe la fluidez de su niño en el idioma inglés.

Is a language other than English spoken in your home?
¿Se habla en su casa otro idioma que no es el inglés? Yes/Si No

If yes, what language?/¿Cuál? _____

Does your child speak a language other than English?
¿Habla su niño(a) un idioma que no es el inglés? Yes /Si No

If Yes, what language? ?/¿Cuál? _____

Number of years enrolled in United State's Schools? _____

Parent Signature: _____ Date: _____