

## NEW STUDENT INFORMATION FORM

Enrolling School: \_\_\_\_\_ Enrolling Grade: \_\_\_\_\_

Child's Legal Name: \_\_\_\_\_ Gender (Circle one) M F

Child's Date of Birth: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Parent cell phone number: \_\_\_\_\_

**Ethnicity/Race:** Both Part A and Part B below must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, federal law requires the school district to provide the missing information by observer identification.

**Part A: Is this student Hispanic/Latino?** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Choose only one:**

- No, not Hispanic/Latino
- Yes, Hispanic/Latino

**Part B:** What is the student's race? **Choose one or more:**

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- 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.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or the other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Has your child ever been enrolled in District 205 before? (Circle one) YES - NO

(If yes, school(s) and year(s) attended): \_\_\_\_\_

If your child is a kindergartener and you have a preference for a morning or afternoon kindergarten session for your child, indicate your preference below. You must include the reasons for this request. It is important to note that the needs of the school, i.e. maintaining balanced classes with regard to size, gender, special needs, etc., take priority over parent preference. **Not all preference requests will be honored.**

Kindergarten placement preference:

- No Preference
- AM Session\*
- PM Session\*

\* Reason for this request: \_\_\_\_\_

Please share any other pertinent information about your child (special services, IEP, ESL, etc.) (Continue on back if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use:

\_\_\_\_\_ Copy of Certified Birth Certificate. Use to enter following information into PowerSchool:  
Legal name, place of birth, mother maiden name, date of birth, gender

\_\_\_\_\_ Student Residency Enrollment Form and supporting documents on file:  
Special residency affidavit, student transfer form, signed release of information form

Notes: \_\_\_\_\_