



STUDENT ENROLLMENT FORM

ID # _____ YR OF GRAD _____ GRADE _____

COUNSELOR _____ DATE OF APPROVAL _____

ENTERED BY _____

GENERAL INFORMATION

STUDENT'S LEGAL NAME: (AS SHOWN ON BIRTH CERTIFICATE)

LAST NAME	FIRST NAME	MIDDLE
DATE OF BIRTH	MALE	FEMALE
ENROLLING GRADE	CITY, STATE	
LAST SCHOOL ATTENDED	BIRTH COUNTRY	

PARENT/GUARDIAN 1: (THE PERSON WITH WHOM THE STUDENT LIVES)

LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
ADDRESS	HOME TELEPHONE	
CITY	ZIP	CELL
EMAIL ADDRESS	WORK	

PARENT/GUARDIAN 2: (THE PERSON WITH WHOM THE STUDENT LIVES)

LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
ADDRESS	HOME TELEPHONE	
CITY	ZIP	CELL
EMAIL ADDRESS	WORK	

STUDENT LIVES WITH: Mother Only Father Only Both Parents
 Mother/Stepfather Father/Stepmother Guardian

SIBLINGS ATTENDING CHSD 155:

SECOND FAMILY INFORMATION (NON-CUSTODIAL)

LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
ADDRESS	HOME TELEPHONE	
CITY	ZIP	CELL
EMAIL ADDRESS	WORK	

MILITARY INFORMATION (Optional - per IL Statute 105ILCS 5/22-70)

Does the student have a parent/guardian currently serving in the armed forces of the United States and who is either deployed to active duty or expects to be deployed during the school year? Yes No Deployment Start Date: _____ End Date: _____

RACE CODES

- What is the student's race? Select one or more.
- AMERICAN INDIAN OR ALASKAN NATIVE:** Origin in any of the original people of North and South America, including Central America, and who maintains tribal affiliation or community attachment.
 - ASIAN:** Origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, Pakistan, The Philippine Islands, Thailand, and Vietnam.
 - BLACK OR AFRICAN-AMERICAN:** Origin in any of the black racial groups of Africa.
 - NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** Origin in any of the original people of Hawaii, Guan, Samoa, or other Pacific Islands.
 - WHITE:** A person having origins in any of the original people of Europe, the Middle East, or North Africa.

ETHNICITY

Hispanic or Latino

HOME LANGUAGE SURVEY

Does anyone in your home speak a language other than English? Yes No If yes, what language: _____

Does the student speak a language in the home other than English? Yes No If yes, what language: _____

Has the student received ELL/ESL or bilingual services before? Yes No If yes, what language: _____

SPECIAL SERVICES RECEIVED

Has your child ever received special education services? Yes No If yes, what grades? _____

Does your child have a current IEP? Yes No If yes, please attach a copy of the most recent IEP.

Does your child have a current 504 Plan? Yes No If yes, please attach a copy of the most recent 504 Plan.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

PRINT NAME OF PARENT/GUARDIAN: _____