



STATE ID _____

STUDENT REGISTRATION 2020-2021

Student's Legal Last Name: (On Birth Certificate) _____											
Student's Legal First Name: (On Birth Certificate) _____											
Student's Middle Name: (On Birth Certificate) _____											
Going into grade: _____	Date of Birth: _____										
Gender: Male Female											
Student Lives With: <i>List these parents/guardians in Family 1</i>											
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Both Parents</td> <td style="width: 25%;">Mother Only</td> <td style="width: 25%;">Father Only</td> <td style="width: 25%;">Mother/Stepfather</td> <td style="width: 25%;">Father/Stepmother</td> </tr> <tr> <td>Legal Guardian</td> <td>Foster Parents</td> <td>Other</td> <td></td> <td></td> </tr> </table>		Both Parents	Mother Only	Father Only	Mother/Stepfather	Father/Stepmother	Legal Guardian	Foster Parents	Other		
Both Parents	Mother Only	Father Only	Mother/Stepfather	Father/Stepmother							
Legal Guardian	Foster Parents	Other									
Family 1	***Family Student Lives With***										
Mother/Guardian	Last Name _____ First Name _____ Primary Phone: _____ Second Phone _____ Email Address _____										
Father/Guardian	Last Name _____ First Name _____ Primary Phone: _____ Second Phone _____ Email Address _____										
Student's Address	Street _____ City _____ Zip Code _____										
Family 2	***Family Student DOES NOT live with, but who has legal custody***										
Mother/Guardian	Last Name _____ First Name _____ Phone: _____ Email Address _____ Can be contacted? Yes No Can Pick-up? Yes No										
Father/Guardian	Last Name _____ First Name _____ Phone: _____ Email Address _____ Can be contacted? Yes No Can Pick-up? Yes No										
Address	Street _____ City _____ Zip Code _____										
Have custody papers or court orders been issued for this child? YES NO (If yes, the school office must have a copy.) According to the agreement, the following person or persons have custody: (List all) _____ _____											

Emergency Contact OTHER THAN Parent/Guardian:				
Last Name _____		First Name _____		
Relationship _____		Phone _____		
Last Name _____		First Name _____		
Relationship _____		Phone _____		
Child's Ethnicity/Racial Identification: (Please answer both questions.)				
1. Hispanic/Latino		NO	YES	
2. Race (Check one or more regardless of ethnicity status selected above.)				
American Indian or Alaska Native		Asian	Black or African American	
Native Hawaiian or Other Pacific Islander			White	
Generally, my child does the following after school:				
Walks	Is Driven Home	District 20 Bus	Special Ed Bus	Goes to Day Care
Park District-Hanover Park	Park District-Roselle		After-school Program	
If you use day care for your child, please give us the following information:				
Day Care Name: _____		Location: _____		
Day Care Phone Number: (Include Area Code) _____				
Check All That Apply:				
Before School			After School	
M	T	W	TH	F
			M	T
			W	TH
				F
Other children in your family:				
Name: _____		Grade: _____	School: _____	
Name: _____		Grade: _____	School: _____	
Name: _____		Grade: _____	School: _____	
Name: _____		Grade: _____	School: _____	
Name: _____		Grade: _____	School: _____	
Name: _____		Grade: _____	School: _____	
Name: _____		Grade: _____	School: _____	
<p>Students are occasionally photographed or videotaped at school or during school functions for publicity purposes. Please call the school office if you <u>DO NOT</u> wish for your child's photo or name to appear in the newspaper, television, audio/video presentations, district announcements, District Web site, social media, or newsletters.</p>				

WE NEED YOUR SIGNATURE 3 TIMES

1. Verify the information on this form is correct:

Date: _____

(Signature of Parent/Legal Guardian)

2. Authorize the school district to take emergency action as necessary:

Emergency Consent

If the parents (or guardian) cannot be contacted in case of serious injury or illness, I authorize the school to take such emergency action as may be deemed necessary, including the transportation of the student to a hospital or medical center. As a parent/guardian, I authorize the treatment by a licensed medical doctor on the above named minor in the event of a medical emergency which, in the option of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

THIS AUTHORIZATION IS TO CONTINUE FROM YEAR TO YEAR UNLESS REVOKED

Date: _____

(Signature of Parent/Legal Guardian)

3.

Please check your registration to see that all information is filled in and all questions are answered.

For the safety of your child, please notify the school office whenever any of your phone numbers or emergency contact information changes.

If you child has a health concern/allergy, advise the school health office.

Date: _____

(Signature of Parent/Legal Guardian)

PLEASE CHECK OUR WEB SITE - www.esd20.org

Thank You!

FOR OFFICE USE ONLY

BUS CODE: HAZ >1.5 <1.5

HOME ROOM: _____

REGISTRATION: _____

BUS ROUTE: _____

TECHNOLOGY FEE: _____

WAIVER: SNAP APPLIED

TOTAL PAID _____

_____ APPROVED DENIED