

NEW STUDENT INFORMATION FORM

GENERAL INFORMATION

Enrolling School: Enrolling Grade:

Child's Legal Name:

Gender: Male Female Child's Date of Birth:

Parent/Legal Guardian #1

Name: Relationship to Student:

Email Address: Cell Phone:

Home Phone: Work Phone:

Living Address:

Does the student reside or stay with this Parent/Legal Guardian? Yes No

Name(s) of all other adults residing at the address:

Name(s) and school(s) of all other children residing at the address:

Parent/Legal Guardian #2

Name: Relationship to Student:

Email Address: Cell Phone:

Home Phone: Work Phone:

Living Address:

Does the student reside or stay with this Parent/Legal Guardian? Yes No

Name(s) of all other adults residing at the address:

Name(s) and school(s) of all other children residing at the address:

If the student regularly sleeps or spends regular time—other than sleepovers—at any other address(es) than those for the parent(s)/guardian(s) listed above, provide the following information for the person(s) at whose address the student sleeps or spends time:

Name(s):

Relationship(s) to Student:

Address(es):

Email Address(es):

Cell Phone(s):

Home Phone(s):

Name(s) of all other adults residing at the address:

Name(s) and school(s) of all other children residing at the address:

Reason(s) the student sleeps or spends time at the address:

Based on your answers, you may need to complete additional forms to enroll. If you lack a fixed, regular, adequate residence, notify the District immediately to discuss available services.

DEMOGRAPHIC INFORMATION

Race: Answer both Part A and Part B. 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? **Yes** **No**
 (If yes, school(s) and year(s) attended):

KINDERGARTEN PLACEMENT ONLY

IF APPLICABLE Indicate your preference for kindergarten placement below. You must include the reason for an A.M. or P.M. preference. The needs of the school, including maintaining balanced classes with regard to size, gender, special needs, etc., may override parent preference.

- No preference** **½ Day (A.M.)** **½ Day (P.M.)** **Dual Language** **Full Day**

Reason for A.M. or P.M. request:

SPECIAL/GIFTED EDUCATIONAL SERVICES

Does your child have an Individualized Education (IEP) or Section 504 Plan? **Yes** **No**

If yes, provide name of last school student attended:

Does your child currently participate in a gifted or talented program? **Yes** **No**

If yes, provide name of last school student attended:

We will review your child's records to determine eligibility for special education or related services and/or the D205 Gifted program. Further evaluation may be 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.

Supporting documents on file: Residency documents and, if applicable, special residency form(s), student transfer form, signed release of information form.

Notes:



Home Language Survey

Dear Parent/Guardian,

The Federal NCLB-Title III Act and the Illinois School Code require that each school district administer a Home Language Survey to every student entering the district's schools for the first time. This information is used to report to the state the number of students whose families speak a language other than English. It also helps to identify the need for English Language Learning services in the schools. Your cooperation in helping us meet this important legal requirement is appreciated.

Student Name _____ Grade _____

School _____ Birthdate _____ Gender _____

Country of Birth _____ Home Phone Number _____

1. Is a language other than English spoken in your home? YES NO
If yes, what language: _____

2. Does your child speak a language other than English? YES NO
Note: Foreign languages the student has learned in school do not count.

What language, other than English, does your child speak? _____

Can your child read this language? YES NO Can your child write this language? YES NO

****If the answers to question #1 AND #2 are both NO, you may stop here. If the answer to EITHER question is YES, please continue. If the answer to EITHER question is YES, the law requires the school to assess your child's English language proficiency****

3. Which language is spoken most often in your home? _____
Please be specific. (Example: Mandarin, not Chinese)

4. Does your child.....

Understand English? YES NO Speak English? YES NO

Read English? YES NO Write in English? YES NO

5. Which language does your child speak most often with his/her parents? _____

6. Which language does your child speak most often with his/her friends? _____

7. Where did your child attend school last year? _____

8. Was your child in a bilingual, ELL/ESL or Dual Language Program during the last school year? YES NO

9. Was your child ever in a bilingual, ELL/ESL or Dual Language Program? YES NO

Please indicate which program: _____ Bilingual _____ ELL/ESL _____ Dual Language

10. If you speak a language other than English, would you be willing to occasionally translate at school if needed? YES NO



Authorization for Release / Exchange of Information

Elmhurst Community Unit School District 205, in compliance with the Illinois School Student Records Act (ISSRA) and the Family Educational Rights and Privacy Act (FERPA), will release or permit the exchange of certain student records. This release of information is valid only for one year.

Student Name: _____ **Date of Birth:** _____
Parent/Guardian Name: _____ **School:** _____
Home Phone Number: _____ **Grade:** _____

I/we hereby authorize the exchange of communications and the release/exchange of the following records concerning the student listed above between Elmhurst Community Unit School District 205 agents and employees and:

Name/Title: _____
Agency/Organization: _____
Address: _____
Telephone: _____ **E-mail:** _____

The following information will be released/exchanged:

- All permanent records (including, but not limited to, basic identifying information, academic transcript, attendance records, health records and scores received on all State assessments administered in grades 9-12, where applicable)
- All temporary records (including, but not limited to, scores on State assessments, discipline records, health-related information, accident reports, aptitude and achievement test results, report cards, progress monitoring information, special education records, and Section 504 records)
- All IEP/special education and/or Section 504 records
- Other (specify): _____

These disclosures are authorized pursuant to 20 U.S.C. Section 1232g, 105 ILCS 10/1 et seq., and 740 ILCS 110/1 et seq.,* and are to be made for the purpose of:

- Educational evaluation and/or planning
- Other (specify): _____

I understand that I have the right to inspect and copy the information to be disclosed, challenge its contents, and limit my consent to designated records or portions of the information contained in those records. I also understand that my refusal to consent to the exchange of records and communications could result in incomplete and/or inappropriate educational planning for the student. This consent expires one year from the date indicated below. However, I understand that I have the right to revoke this consent in writing at any time.

Parent/ Guardian Signature

Date

Witness Signature (for mental health/ developmental disability records)

Date

Student Signature (for mental health/ developmental disability records, if student is age 12 or older)

Date