



SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

5050 MADISON STREET • SKOKIE, IL 60077 • (847)-675-7666 • FAX (847) 675 -7675 • WWW.SD69.ORG

School District 69 Registration Form

PLEASE PRINT USING BLACK INK

Student Last Name		First Name		Middle Name	Gender	Birth Certificate No. Or Passport No.	
Street Address			City	State	Zip Code	Telephone Number ()	
Date Of Birth		Place of Birth					
Parent/Caregiver One Last Name	Parent/Caregiver One First Name	Date of Birth	Relationship to Student				
Parent/Caregiver One Business Phone		Name of Employer					
Parent/Caregiver One Cell Phone Number		Parent/Caregiver One E-Mail Address					
Parent/Caregiver Two Last Name	Parent/Caregiver Two First Name	Date of Birth	Relationship to Student				
Parent/Caregiver Two Business Phone		Name of Employer					
Parent/Caregiver Two Cell Phone Number		Parent/Caregiver Two E-Mail Address					
If there are custody restrictions, please describe and present legal documents for the student's file.							
If student does not live with either parent, identify with whom the student lives:							
What is your preferred mode of communication? <input type="checkbox"/> Email <input type="checkbox"/> Phone Call <input type="checkbox"/> Text Message <input type="checkbox"/> Mobile App Notification							
List Members of Household	Relationship			Birth Date		If Student, Name of School	
Emergency Information (List names other than parents/guardians)				Relationship to Student		Daytime Telephone Number	
<input type="checkbox"/> Emergency Only <input type="checkbox"/> Drop Off & Pick Up Only <input type="checkbox"/> Both							
<input type="checkbox"/> Emergency Only <input type="checkbox"/> Drop Off & Pick Up Only <input type="checkbox"/> Both							

Who does the student live with?

Both Parents in home

Single Parent Family

Lives with an adult other than guardian

Youth in care

Parents have joint custody

Updated 12/21

Madison Elementary School
5100 Madison St
Skokie, IL 60077

Edison Elementary School
8200 Gross Point Rd
Morton Grove, IL 60053

Lincoln Jr High School
7839 Lincoln Ave
Skokie, IL 60077



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Date Family Moved to District 69:		Is Student a U.S Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If NO, provide date student first entered a US school:			
Doctor's Name			Hospital of Birth:		Doctor's Telephone Number		
Dentist Name					Dentist Phone Number		
Has the student ever received any transitional language service? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<input type="checkbox"/> ESL (English as a Second Language) <input type="checkbox"/> Bilingual Education <input type="checkbox"/> Currently in a program at this time <input type="checkbox"/> Released from program							
Has student ever received any special education or early intervention services or attended a development screening? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes, type of service(s):							
Does student currently have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No Does student currently have a 504? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Please list medical problems or food restrictions, if any including life threatening food allergies:							
Previous Day Care / Preschool Experience							
0-3 Years Old		3 Years Old		4 Years Old		5 Years Old	
<input type="checkbox"/> Family Child Care		<input type="checkbox"/> Family Child Care		<input type="checkbox"/> Family Child Care		<input type="checkbox"/> Family Child Care	
<input type="checkbox"/> Center Based		<input type="checkbox"/> Center Based		<input type="checkbox"/> Center Based		<input type="checkbox"/> Center Based	
<input type="checkbox"/> Preschool / Day Care		<input type="checkbox"/> Preschool / Day Care		<input type="checkbox"/> Preschool / Day Care		<input type="checkbox"/> Preschool / Day Care	
Facility Name:		Facility Name:		Facility Name:		Facility Name:	
<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	
#	Days per week	#	Days per week	#	Days per week	#	Days per week
Previous school(s) student has attended: (START WITH KINDERGARTEN)							
School and District Name				City/State/Country		Grades Attended	