

# STUDENT DEMOGRAPHIC INFORMATION

This form must be completed to begin registration at Community High School

COMMUNITY HIGH SCHOOL DISTRICT #94

326 Joliet Street West Chicago, IL 60185

I.D. \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_ SIS#: \_\_\_\_\_ GR: \_\_\_\_\_ GRDYR: \_\_\_\_\_

## MAIN MAILING ADDRESS

Parents/Name on Mailbox: (Mr & Mrs) - (Mr) - (Mrs) - (Ms) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

NON-CUSTODIAL OR NON-RESIDENTIAL INFORMATION (Use only if mail is to be sent in addition to above address)

Non-Residential Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Non-Residential Address: \_\_\_\_\_

Non-Residential Phone: \_\_\_\_\_ Non-Residential Cell Phone: \_\_\_\_\_ Non-Residential Email: \_\_\_\_\_

## CONTACT INFORMATION

### STUDENT

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### EMERGENCY

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

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

### DOCTOR

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

Phone: \_\_\_\_\_

### FATHER

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

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Email: \_\_\_\_\_

### MOTHER

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

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Email: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

## DEMOGRAPHIC INFORMATION

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Birth Place (City, State, Country): \_\_\_\_\_

LAST SCHOOL	Hispanic/Latino	Primary Lang	Citizenship	Household Size	Annual Income
<input type="checkbox"/> Benjamin (#25)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> English	<input type="checkbox"/> US	<input type="checkbox"/> 1-2	<input type="checkbox"/> 0 - 28,547
<input type="checkbox"/> WCMS (#33)	<u>Student Race</u>	<input type="checkbox"/> Spanish	<input type="checkbox"/> Resident	<input type="checkbox"/> 3	<input type="checkbox"/> 28,548 - 34,449
<input type="checkbox"/> Winfield (#34)	<input type="checkbox"/> Am Indian	<input type="checkbox"/> Other _____	<input type="checkbox"/> Non-Resident	<input type="checkbox"/> 4	<input type="checkbox"/> 34,450 - 40,351
<input type="checkbox"/> St. John's Baptist (JB)	<input type="checkbox"/> Asian	<u>Home Lang</u>	<input type="checkbox"/> Dual	<input type="checkbox"/> 5	<input type="checkbox"/> 40,352 - 46,253
<input type="checkbox"/> Out of State (OS)	<input type="checkbox"/> Afr Amer	<input type="checkbox"/> English	<input type="checkbox"/> Other _____	<input type="checkbox"/> 6	<input type="checkbox"/> 46,254 - 52,155
<input type="checkbox"/> Other (OT)	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Spanish	<u>Guardianship</u>	<input type="checkbox"/> 7	<input type="checkbox"/> 52,156 - 58,057
_____	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other _____	<input type="checkbox"/> Parents	<input type="checkbox"/> 8	<input type="checkbox"/> 58,058 & Above
_____	<input type="checkbox"/> Multi		<input type="checkbox"/> Father		
Father: _____			<input type="checkbox"/> Mother		
Mother: _____			<input type="checkbox"/> Other _____		

**Low Income Indicator:** Students may be eligible to receive free or reduced meal benefits or other services if annual income is at or below household size as indicated above.

Has a sibling already enrolled at WCCHS? ID# \_\_\_\_\_ Re-Entry: Year Previously Attended \_\_\_\_\_

1st Year in the US?  YES  NO US Arrival Date: \_\_\_\_\_

\*Spanish Speakers will receive correspondence in Spanish.

\*Student directory & images are released to the general public upon request. Unless a DO NOT RELEASE FORM has been filed with school.

Signature: \_\_\_\_\_

## OFFICE USE ONLY

Counselor: \_\_\_\_\_ Dean/Social Worker: \_\_\_\_\_

Original Entry Date: \_\_\_\_\_ Enter Date: \_\_\_\_\_ Entrance Code (PCC): \_\_\_\_\_ FTE: \_\_\_\_\_