

Freeburg Community Consolidated School Dist. #70

I.D.# _____

Grade _____ Date _____

Student's Name (Last) _____ (First) _____ (Middle) _____

Phone _____ Social Security # _____ Boy ___ Girl ___

Date of Birth _____ Age _____

Street _____ City _____ Zip _____

School Last Attended _____ Address _____

Grade Last Attended _____ Special Classes Attended _____

Name of Father or Legal Guardian _____ Cell Phone _____

Home Phone _____

Street _____ City _____ Zip _____

Employer _____ Work Phone _____

Name of Mother or Legal Guardian _____ Cell Phone _____

Home Phone _____

Street _____ City _____ Zip _____

Employer _____ Work Phone _____

Email Address: _____

Child Living With: ___ Parents ___ Mother ___ Father ___ Legal Guardian ___ Foster ___ Other

Ethnic Group: ___ Hispanic or Latino ___ White ___ Black ___ American Indian ___ Asian or Pacific Islands

Student's Bus Number: A.M. _____ P.M. _____ Transportation Code (office Only) _____

Names of brother & sisters attending this school: _____ Grade _____
_____ Grade _____
_____ Grade _____

If parents cannot be reached in an emergency, call:

Name _____ Phone _____

Name _____ Phone _____

My child has permission to go on Field Trips with the students and teachers of Freeburg Elementary School
Dist #70, as designated by the school. ___ YES ___ NO
(Parents will be notified of such designated Field Trips.)

Signature of Parent or Guardian _____

School Year _____

Does anyone in this household speak a language other than English?

If so, what language is spoken in the home? _____

Does the student speak a language other than English?

If so, what language? _____