



SCHOOL ENROLLMENT APPLICATION - OFFICIAL DOCUMENT

2026-2027 New Student Registration Application

“Connecting the Dots for Educational Success”

The following items are REQUIRED to complete enrollment in School District 189:

_____ Original State Certified Birth Certificate - **NOT THE ONE WITH THE BABIES FOOTPRINTS. WE NEED THE OFFICIAL COPY WITH THE SEAL.**

_____ Valid Driver's License or Valid State ID

Proof of Residency - **The district requires two from the list below with your name on it. If you don't have any of these items in your name, please let us know before you leave:**

_____ Ameren Illinois - **The bill must be current**

_____ Illinois American Water - **The bill must be current**

_____ Occupancy Permit

_____ Lease

_____ Mortgage Statement

_____ Property Deed

Medical Information:

_____ Current or most recent physical exam with immunization record(s)

_____ Dental Exam

_____ Eye Exam - **The eye exam must be done by an eye doctor and not a medical doctor.**

All of the above exams MUST be on the State of Illinois REQUIRED FORMS and not on any other state(s) forms. This includes students that are transferring into our District from any other state. NO EXCEPTIONS. The forms are available at the James E. Williams Center and in any school nurses office.

_____ If a student has an IEP, the parent will have to complete the SPED Transfer Form that is included in the application. If the student(s) is 12 and older, they have to sign the SPED form too.

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Parental Notice for Release of Info/One-Time Consent to Bill Medicaid

Student Name: _____ Grade: _____ Date: _____ DOB: _____

School/District Contact: _____ Title: _____ Phone: _____

Dear _____:

The purpose of this letter is to ask for your permission (also known as consent) to share records and information about your child with Medicaid. The school district needs to share information with Medicaid pertaining to your child, including name, date of birth, gender, and type of services provided.

With your permission, the school district will be able to seek partial reimbursement for services provided by Medicaid. Each year, the district will provide you with notification regarding your permission; you do not need to sign a form every year.

Under Federal law, the school district cannot share with Medicaid information about your child without your permission. (34 C.F.R. 99.30(b); 34 CFR 300.154(d)(2)(iv)(A)-(B)). As you consider giving permission, please be advised of the following:

1. The school district cannot require you to sign up for Medicaid for your child to receive the health-related and/or special education services to which your child is entitled.
2. The school district cannot require you to pay anything towards the cost of your child's health-related and/or special education services. This means that the school district cannot require you to pay a co-pay or deductible so that it can charge Medicaid for services provide. The school district can agree to pay the co-pay or deductible if any such cost is expected.
3. If you give the school district permission to share information with and request reimbursement from Medicaid:
 - a. **This will not affect your child's available lifetime coverage or other Medicaid benefit; nor will it in any way limit your own family's use of Medicaid benefits outside of the school.**
 - b. **Your permission will not affect your child's special education services or IEP/IFSP rights in any way, if your child is eligible to receive them.**
 - c. **Your permission will not lead to any changes in your child's Medicaid rights; and**
 - d. **Your permission will not lead to any risk of losing eligibility for other Medicaid or Medicare funded programs.**
4. If you give permission, you have the right to change your mind and withdraw your permission at any time.
5. If you withdraw your permission or refuse to allow the school district to share your child's records and information with Medicaid for the purpose of seeking reimbursement for the cost of services, the school district will continue to be responsible for providing your child with the services, at no cost to you.

- ☐ **I AGREE** and give permission to the School to share with Medicaid records and information concerning my child and their health-related services, as necessary. I have read the notice and understand it. Any questions I had were answered.
- ☐ **I DO NOT** give permission for the School to release information for Medicaid billing purposes and **I DO NOT** give consent for the School to access/bill Medicaid insurance for provided services.

*I have the authority to enter into this agreement and acknowledge that my electronic signature below is legally binding. I agree that electronic versions of this document shall be given the same weight and deference as a hard copy.

Parent/Guardian Signature

Date

East St. Louis Area Joint Agreement, School Districts 188 & 189

Department of Special Education

1005 State Street

East St. Louis, Illinois 62201

Phone: 618-646-3160 Fax: 618-646-3015

SPECIAL EDUCATION STUDENT TRANSFER FORM

STUDENT NAME	DATE OF BIRTH	AGE	GRADE	SEX
GUARDIANSHIP STATUS				
() NATURAL PARENT () FOSTER PARENT () DCFS-Ward of the State () OTHER				
ADDRESS		CITY	ZIP CODE	
HOME PHONE	CELL PHONE	WORK PHONE	TEACHER	
PREVIOUS DISTRICT:				
ETHNIC CODE (CHECK ONE)				
() AMERICAN INDIAN () BLACK () WHITE () ASIAN () HISPANIC/LATINO				
LANGUAGE SPOKEN IN HOME		LANGUAGE USED BY STUDENT		
STUDENT MODE OF COMMUNICATION:				

I give consent for District 188 and 189 to request the following records:

- () Eligibility and IEP reports
- () Psychological assessment results and report
- () Social Developmental Study and adaptive behavior reports
- () Other

Permission received: () YES () NO

Parent(s)/Guardian(s)/Foster Parent/Signature

Date

Student must sign if 12 years or older

Date



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PLEASE PRINT NEATLY AND CLEARLY

Please complete the entire application and sign and date in ALL areas

Student Information - PLEASE ANSWER ALL OF THE QUESTIONS

First Name: _____ MI: _____ Last Name: _____

Address: _____ Apt.: _____ City: _____

State: _____ Zip Code: _____ Sex: _____ Phone#: _____

Date of Birth: _____ City & State of Birth: _____

Did your child pass to the next grade for the **2025-2026** school year? ☐ Yes ☐ No

Current Grade: _____ Name of Last School Attended: _____

☐ No Schooling - Youth in Care/Foster Care ☐ Yes ☐ No - IEP/Special Services Received ☐ Yes ☐ No

List the type of IEP Services your child receives: _____

Does your child have any medical, learning, physical or other special needs of which we should be aware? _____

Family Information - PLEASE COMPLETE ALL OF THE SECTIONS THAT APPLY

The student lives with: ☐ Parents ☐ Mom ☐ Dad ☐ Grandparents ☐ Guardian ☐ Foster Parents ☐ Other

Parent 1 (First and Last Name): _____

Relationship to Child: _____ Email: _____

Phone W/Area Code: Home _____ Cell _____ Work _____

Employer: _____ Can he or she pick your child? ☐ Yes ☐ No

Parent 2 (First and Last Name): _____

Relationship to Child: _____ Email: _____

Phone W/Area Code: Home _____ Cell _____ Work _____

Employer: _____ Can he or she pick your child? ☐ Yes ☐ No

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PLEASE PRINT Neatly and Clearly

Emergency Contacts

(In case we can't contact the parent, emergency contacts will be called in the order listed)

Contact Name: _____ Phone: _____

Relationship to Student _____ Can he or she pick up your child ☐ Yes ☐ No

Contact Name: _____ Phone: _____

Relationship to Student _____ Can he or she pick up your child ☐ Yes ☐ No

Contact Name: _____ Phone: _____

Relationship to Student _____ Can he or she pick up your child ☐ Yes ☐ No

Contact Name: _____ Phone: _____

Relationship to Student _____ Can he or she pick up your child ☐ Yes ☐ No

Contact Name: _____ Phone: _____

Relationship to Student _____ Can he or she pick up your child ☐ Yes ☐ No

Is There Anyone Your Child Should Not Be Allowed Around?

Name: _____

Is there an Order of Protection in force against this person ☐ Yes ☐ No

Name: _____

Is there an Order of Protection in force against this person ☐ Yes ☐ No

Name: _____

Is there an Order of Protection in force against this person ☐ Yes ☐ No

Parent/Guardian Signature: _____ Date: _____

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List all the other school age children in School District 189

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Does your home have access to the Internet and or WiFi for Remote Learning? ☐ Yes ☐ No

Are you a homeless or displaced family? ☐ Yes ☐ No

Home Living Environment

Is the parent/guardian renting or own a home? ☐ Yes ☐ No

Is the parent/guardian living with relatives or in transition? ☐ Yes ☐ No

Is the parent/guardian living with others or in transition? ☐ Yes ☐ No

Other: _____

Military Parent/Guardian - OPTIONAL

Are either of the parent(s)/guardian(s) a member of the armed services and is on active duty deployment or expects to be on active duty deployment during this school year? ☐ Yes ☐ No

Is either of the parent(s)/guardian(s) an active member of the Armed Services and living in temporary housing and expecting to move into District 189's boundaries within the next six months? ☐ Yes ☐ No

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East St. Louis School District 189 Registration Form (V6.1) New U.S. Department of Education Race and Ethnicity Data Standards

Note: Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.

Student's Name: _____

SIS ID: _____

(Printed in by School District)

Instructions: This form is to be filled out by the student's parents or guardians, and both questions must be answered. 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, the school district is required 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 Ethnicity

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.

Part B. What is the student's race? Choose only one.

____ American Indian or Alaska Native - A person having origins in any of the original peoples of North and South American, 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, Southwest 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 other Pacific Islands.

____ White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

____ Hispanic - A person of Mexican, Puerto Rican, Cuban, Peruvian, or other Spanish-Speaking culture or origin, regardless of race.

____ Multi Racial - A person descended from more than one racial group.

Parent/Guardian Signature: _____ **Date:** _____

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Home Language Survey

The state requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency.

Please answer the questions below and return this survey to your child's school.

Student's Name: _____

Name of School: _____ Grade: _____

1. What is the primary language used at home, regardless of what the student speaks?

2. What is the language first acquired by the student? _____

3. What is the language most often spoken by the student? _____

4. Is a language other than English spoken in your home? Yes _____ No _____

If the answer to any of the questions is yes, the law requires the school to assess your student's English language proficiency. The test involves a lengthy exam taken outside of the class. It may result in enrollment in English as a Second Language (ESL), which is provided off campus and limits the course selection.

Parent/Legal Guardian Signature

Date

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District 189 Transportation Form

Please fill out the following form indicating how your child will get to school.

Student's Name: _____

How will your child get back and forth to school daily? Please circle your answer.

- A) School Bus Ride to School B) School Bus Ride HomeWalker C) Walk Home
D) Car Rider E) Drive Themselves F) Public Transportation
G) Day Care Provider

Does your child need any accommodations for transportation? ☐ Yes ☐ No

Kindergarten and Special Needs Door to Door Students

NAME RELATIONSHIP TO CHILD PHONE NUMBER

NAME RELATIONSHIP TO CHILD PHONE NUMBER

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REQUIRED Medication(s)

Please list all daily prescription medications and/or over the counter and dosages:

Will the medication be administered during school hours: ☐ Yes ☐ No

***If yes, you are required to complete a Medication Authorization Form with the School Nurse.**

Does your child have any Health or Dietary Restriction (s): ☐ Yes ☐ No **If yes, please list them below:**

Name of Family Physician: _____ Phone Number: _____

Address of Physician: _____

City/State/Zip: _____

IMPORTANT: In an extreme medical emergency your child will be taken to the nearest trauma center.

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SIGN-UP FORM FOR SKYWARD FAMILY ACCESS

Electronic Signature Agreement and Consent to Submit and Obtain Information Via the Internet

The School District has implemented an online registration process via Skyward Family Access. In addition, the School District makes student information available to parents/guardians via Skyward Family Access. The purpose of this form is to obtain the information, agreements and consents necessary to implement and maintain your Family Access account. Please note that you must complete this form even if you already have a Family Access account.

This Agreement and Consent is specific to the individual parent/guardian named below, and the assigned user ID and password may only be used by that individual. Any parent/guardian who wishes to have access to the account must complete a separate form and obtain a separate user ID and password.

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Parent/Guardian Phone#: _____ Email: _____

Child's Name	Name of School

By signing below, I acknowledge and agree as follows:

I certify that I am the parent or legal guardian of the student(s) identified above.

I understand that I will be issued a user ID and password for Skyward Family Access, and I hereby authorize the School District to issue the user ID and password to me. I agree to keep the user ID and password confidential. I agree that I will not share the user ID and password with anyone else, that I will maintain the security of the user ID and password, and that I will take appropriate steps to prevent disclosure of the user ID and password. If the user ID and/or password are disclosed, I agree to notify the School District of the disclosure immediately. I hereby release the School District from any and all claims relating to any inadvertent disclosure of student information resulting from my failure to maintain the security of my user ID and password.

I agree to submit an electronic signature, when requested, in connection with any form or information that I submit online.

For any and all forms/information submitted with my electronic signature, I agree that I will be legally bound, obligated and responsible for the submission, as if I had submitted the information in hard copy form with my handwritten signature.

I understand and agree that I will have access to student record information via my Family Access account, and that the information may include attendance records, student schedules, food services records, discipline records, grades, homework, activities, events, contact and demographic information, health records, and/or account/fee information.

I understand and agree that correspondence regarding my Family Access account will be communicated to me via email or other electronic means, and may be automatically generated or sent by authorized staff.

I understand and agree that inappropriate or unauthorized use of the Family Access system may result in civil or criminal penalties, and that access may be suspended for delinquent accounts.

Signature of Parent/Guardian: _____ Date: _____

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