

ID # _____ (Leave blank...to be completed by school personnel.)

Form Revised 05/03/2016

STUDENT REGISTRATION INFORMATION

PreK thru Grade 12

Student Information

Grade _____ School _____ Sex _____ Home Phone _____

First Name _____ Middle _____ Last Name _____

P.O.Box _____ Street Address _____ Apt. # _____ City _____ State _____ Zip _____

Student's Soc. Sec. # _____ Ethnic Origin _____ Home Room _____ Birth Date _____

Mother's Maiden name: _____ Student's Birthplace: _____

Emergency 1 (Not a Parent) _____ Phone _____ Phone _____

Emergency 2 (Not a Parent) _____ Phone _____ Phone _____

Name/Address School Last Attended _____

Has this student ever been enrolled in an Illinois school? ____ YES ____ NO

In past years, has the student ever been enrolled in Flora CUSD #35? If so, what school and what grade level? _____

If English **is not** the main language spoken in the home, please list the main language: _____

Parent Information

Father _____ Mother _____

P.O. Box _____ Street Address _____ Apt# _____ P.O. Box _____ Street Address _____ Apt# _____

City/St./Zip _____ City/St./Zip _____

Phone () _____ Phone () _____

Employer Work _____ Employer Work _____

Phone () _____ Phone () _____

Please list other siblings and their ages residing in the same household. _____

Following information is for specific household where student resides.

Guardian Information

Guardian Title: (Please circle one.) Mr. Mrs. Ms. Mr. and Mrs.

First Name _____ Last Name _____

Relationship _____ If student lives with step-parent, name/employer _____

Email address: _____

Sitter Information (if applicable)

First Name _____ Last Name _____

Street Address _____ City/Zip _____ Phone _____

Does your child have any health concerns that the school needs to be aware?

Parent/Guardian Signature _____ Date: _____

*In case of an emergency, the school has my permission to secure medical assistance.