

**STUDENT REGISTRATION INFORMATION**

PreK thru Grade 12

**Student Information**

Grade \_\_\_\_\_ School \_\_\_\_\_ Sex \_\_\_\_\_ Phone \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

P.O.Box \_\_\_\_\_ Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student's Soc.Sec.# \_\_\_\_\_ Race \_\_\_\_\_ Birth Date \_\_\_\_\_

Mother's Maiden name: \_\_\_\_\_ Student's Birthplace: \_\_\_\_\_

Emergency 1 (Not a Parent) \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency 2 (Not a Parent) \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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 \_\_\_\_\_ Employer \_\_\_\_\_

Work \_\_\_\_\_ Work \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Is a parent in the home active military?  YES  NO

**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.