

SSN: _____

Marissa District #40 Enrollment Card

2018-2019

Rm _____

Student Information: (please print, exactly as shown on certified birth certificate)

Student Name _____ Child is called _____
Last First Middle

Address _____ Birth date _____ Grade _____
Street City State Zip

Home Phone _____ Age _____ Sex _____ Primary Language _____

Adults with whom this student lives:

Name _____ Relationship to student _____
Last First Middle

Employer _____ Work Phone _____

Cellular Phone _____ Email Address _____

Name _____ Relationship to student _____
Last First Middle

Employer _____ Work Phone _____

Cellular Phone _____ Email Address _____

Student lives with: (Circle) Parents Father Mother Step-Father Step-Mother Grandparent(s) Guardian
Marital Status of Parents: (Circle) Married Separated Divorced Divorced & Remarried Widowed Single

Student Emergency Contact Information: If I am unable to pick up my child, I authorize Marissa CUSD #40 to release my child to the following persons. I understand that additions or deletions to the list must be completed in person in the school office.

1. Name _____ Phone _____

Work Phone _____ Cellular _____ Relationship to student _____

2. Name _____ Phone _____

Work Phone _____ Cellular _____ Relationship to student _____

3. Name _____ Phone _____

Work Phone _____ Cellular _____ Relationship to student _____

Does this student wear: Glasses _____ Contacts _____ Hearing Aid _____

Doctor _____ Phone _____ Hospital preference _____

List any allergies (food or medicine): _____

What happens to your child when he/she comes in contact with the allergen? (rash, hives, shortness of breath, etc.)

Please list any medical conditions your child may have: _____

Does your child take medication daily? Yes _____ No _____

Name of medication and time taken: _____

***This information may be shared with medical personnel and school staff. Emergency personnel and/or ambulance may be called if necessary.**

By signing below, I give permission to release necessary medical information on my child to Marissa School personnel.

Parent's Signature

Date

Additional Parent/Emergency Information:

Is there another parent who should receive information concerning this child's grades, progress, etc? Yes No
If yes, please complete the following information:

Name _____ Relationship to student _____
Last First Middle

Home Address _____ Phone _____
Street City State Zip

Cellular Phone _____ Email Address _____

Employer _____ Work Phone _____ Ext. _____

Is there someone who is **NOT** allowed by court order to be in contact with this student? Yes No
If yes, you must provide the school with a copy of the court order, please complete the following information:

Name _____ Relationship to student _____
Last First Middle

Child's previous school if other than Marissa District 40:

Address _____
Street City State Zip phone fax

Previous Educational Services: (Please indicate if your child receives any of these services)

Individual Education Plan (IEP) _____ 504 accommodations _____
Title one services (Reading or Math) _____ Not Applicable _____

Does the student have a parent or guardian who is a member of a branch of the armed forces?

(Mark One) _____ Yes _____ No

*If yes, is he/she either deployed to active duty or expected to be deployed to active duty during this school year?

* Release of information regarding active duty deployment is voluntary.

(Mark One) _____ Yes _____ No

Marissa 40 Schools are in compliance of the Federal Act McKinney-Vento regarding the educational rights of children.

Ethnic Group: Marissa District 40 is required by the State of Illinois to make a survey of our students by race.

(Mark One) _____ No, not Hispanic/Latino _____ Yes, Hispanic/Latino

Race: (Choose one or more, regardless of ethnicity status selected above)

- 12 American Indian or Alaska Native 13 Asian 14 Black or African American 11 Hispanic or Latino
- 15 Native Hawaiian or Other Pacific Islander 16 White 6. Multi-Racial

Do you give permission for your child to have his/her picture taken for the newspaper, yearbook, and website (students will not be identified by name on the Internet)?

Yes _____ No _____

Do you give permission for your child to attend local field trips (high school, public library, post office, etc.)?

Yes _____ No _____ **Walking field trips?** Yes _____ No _____

NOTE: Any person who knowingly enrolls or attempts to enroll in the schools of a school district on a tuition free basis, a student known by that person to be a non-resident of the district, or any person who knowingly or willfully presents to any school district any false information regarding the residency of a student for the purpose of enabling that student to attend any school in that district without the payment of a non-resident tuition charge shall be guilty of a Class C misdemeanor. Anyone who knowingly or willfully provides false information on this form shall be referred for criminal prosecution. A CHILD'S LEGAL RESIDENCE IS WHERE HIS/HER LEGAL GUARDIAN RESIDES. Marissa District 40 has the right to investigate your residency. 105 ILCS 5/10-20.12b ; 730 ILCS 5/5-9-1

I voluntarily furnished the information on this form & certify that my student listed is a legal resident of Marissa District 40, residing within the boundary lines of said district.

Parent/Guardian Signature

Date