

Lombard District 44 NEW STUDENT INFORMATION FORM

FOR OFFICE USE ONLY:							
Student #		Bus No.		School		Health Records	
Teacher		Resident Dist		Court Order		Fees Pd	
Room (code)		Network Use Form		Emergency Card		Birth Cert	
Date Entered		Records Requested		Residency Aff't		Records Rec'd	

To be completed by all parents/guardians who are enrolling their student in the District.

LEGAL Name of Student:

<i>LEGAL Last</i>	<i>LEGAL First</i>	<i>LEGAL Middle</i>
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Address of Student: _____

Date of Birth: _____ Place of Birth: _____

M F Grade Level: _____ Is the student's ethnicity Hispanic/Latino? Yes No

What is the student's race? (check below all that apply)

American Indian or Alaska Native Black or African American White Asian Native Hawaiian or other Pacific Islander

Pre-kindergarten experience: Yes No Name of preschool: _____ Dates attended: _____

Has student previously attended District 44: Yes No Dates/Schools attended: _____

Has student been in a special program such as Bilingual, 504 or IEP? Yes No If yes, please specify: _____

Name of:	M	F	<input checked="" type="checkbox"/> if Deceased
Parent/Guardian 1:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Last</i>		<i>First</i>	<i>Middle</i>
Maiden name (if applicable):	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Please enter phone numbers below and circle primary phone number:</i>			
Cell Ph: _____	Business Ph: _____		Home Ph: _____
Home address if different from above: _____			
Parent/Guardian 1 Email: _____			
Stepparent/Guardian:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Last</i>		<i>First</i>	<i>Middle</i>
Cell Ph: _____	Business Ph: _____		Home Ph: _____
Parent/Guardian 2:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Last</i>		<i>First</i>	<i>Middle</i>
Maiden name (if applicable):	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Please enter phone numbers below and circle primary phone number:</i>			
Cell Ph: _____	Business Ph: _____		Home Ph: _____
Home address if different from above: _____			
Parent/Guardian 2 Email: _____			
Stepparent/Guardian:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Last</i>		<i>First</i>	<i>Middle</i>
Cell Ph: _____	Business Ph: _____		Home Ph: _____

<p><i>School Transferred From</i> _____ <i>Grade</i> _____</p> <p><i>Address</i> _____</p> <p><i>City</i> _____ <i>State</i> _____ <i>Zip</i> _____</p>	<p style="text-align: center; margin: 0;">List names of brothers and sisters, beginning with the oldest:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 70%;">Name (First and Last)</th> <th style="width: 15%;">Birth Date</th> <th style="width: 15%;">M / F</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name (First and Last)	Birth Date	M / F									
Name (First and Last)	Birth Date	M / F											

Complete Emergency Information on Side 2 -- Only complete Court Order Section on side 2 as necessary

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Emergency Contact Information			
List two individuals who live nearby and are permitted to pick up your child(ren) and will assume temporary care of your child(ren) if you cannot be reached. Be sure to notify these people that you have used their names on this form.			
Name:		Relationship:	
Address	City	Phone	Phone
Name:		Relationship:	
Address	City	Phone	Phone
In case my child becomes ill at school or is injured, I request the school call me. If unable to reach me, I authorize school authorities to take whatever action is deemed necessary.			
Date		Signature	

Appendix A

ONLY INDIVIDUALS WITH A COURT ORDER PERTAINING TO SCHOOL AGE CHILDREN MUST COMPLETE THIS SECTION	
Please answer the following questions:	
1. Are the student's parents divorced or separated?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, skip questions 1a and 1b
a) Who has custody of the student?	<input type="checkbox"/> Parent/Guardian 1 <input type="checkbox"/> Parent/Guardian 2 <input type="checkbox"/> Joint
b) If custody is jointly held, which parent provides the student's primary regular fixed night-time abode? (i.e., at which parent's residence does the student sleep on a regular basis?)	_____
c) Has a court ordered a residential placement for the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please attach a copy of the court order.	
2. Is the student homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes":	
a) Is the student currently living in Lombard District 44:	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) In what school district was the student last enrolled?	_____
c) In what school district was the student enrolled when last permanently housed?	_____
3. Does the student reside with a person other than his/her parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, skip to question 5
4. What is the name and address of the adult with whom the student now resides?	_____
a) Is this person a relative of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", what relation is (s)he to the student? _____	
If "no", who is the adult and why is the student residing with this individual? _____	
b) Is the person with whom the student resides the legal guardian or custodian of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please attach a copy of the guardianship or custody order.	
If "no", please explain why not: _____	
Does an Illinois public agency have legal guardianship of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please attach proof of that agency's legal guardianship.	
c) Has the military service obligation of the individual who has legal custody of the student caused a change in the student's residence such that the student now resides outside the District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has a court ordered a residential placement for the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please attach a copy of the court order.	

I certify that I am the parent(s)/legal guardian(s) of the above-named student and that this child's residence has not been established solely for the purpose of attending District schools. I further certify that the above information is correct to the best of my knowledge.

Parent(s)/Guardian(s) Signature Date