

New Students
Preschool
Kindergarten

Benjamin
SCHOOL DISTRICT 25
28W250 St. Charles Road, West Chicago, Illinois 60185

Grade/Homeroom _____
I.D. No. _____
SIS No. _____

ENROLLMENT FORM

Student Name _____
Last First Middle

Street Address City State Zip

Home Phone _____ E-mail _____

Cell Phone (Dad's) _____ Cell Phone (Mom's) _____

Sex: Male Female Birth Date _____

Place of Birth (City, State, and/or County) _____

Verified by Birth Certificate Yes No

Father's Name _____ Mother's Name _____

Mother's Maiden Name _____

Place of Employment _____ Place of Employment _____

Occupation _____ Occupation _____

Business Phone _____ Business Phone _____

Family Structure (please check one): Both parents in home (01) Single parent family (02): Mother Father

Lives with an adult other than parent (guardian, grandparent, etc.) (03) Ward of state (04) Other (05)

List brothers/sisters in order of birth dates:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

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

What language? _____

Does your child speak a language other than English? Yes No

What language? _____

Note: If the answer to either question above is yes, the law requires the school to assess your child's English language proficiency.

OVER...

ENROLLMENT FORM

Schools Previously Attended:

<u>Name of School, City, State</u>	<u>Grade(s)</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has child been in any special education programs or received special support at his/her previous school(s)?
 Yes No. If yes, explain _____

Military Families: (Mandatory)

- ◆ Does the child's parent/guardian serve in the military, including National Guard or Reserve? Yes No
- ◆ Is the parent/guardian currently serving on active duty or does the parent/guardian expect to be deployed this year?
 Yes No
- ◆ Has a parent/guardian returned from deployment in the last six months? Yes No

Medical Information/Parental Authorization:

Does child have any physical disabilities? Yes No. If yes, explain _____

Please list any other pertinent medical information about your child. _____

Medicaid Number (if applicable): _____

In the event of illness or non-medical emergency, I authorize the school to release my child to the following two local individuals: (Mandatory)

- | | |
|------------------------|---------------------|
| 1) Name: _____ | Relationship: _____ |
| Phone No: (Home) _____ | Cell: _____ |
| 2) Name: _____ | Relationship: _____ |
| Phone No: (Home) _____ | Cell: _____ |
| ◆ Your Doctor: _____ | Phone No.: _____ |

If your child goes to a babysitter or daycare provider before or after school, please provide the following:

Name: _____ Phone No: _____
Address: _____

SIGNED:

Signature of Parent/Guardian

Date

Printed Parent/Guardian's Name

Child or Ward's Name