

**Elementary School District 159
Student Registration 2018-19**

Marya Yates Neil Armstrong Sieden Prairie Woodgate CPMS

COMPLETE ALL INFORMATION. INCOMPLETE REGISTRATION FORMS WILL NOT BE PROCESSED FOR PURPOSE OF ENROLLMENT.

Student Information:

Last Name _____
First Name _____
Middle Name _____
Mother's Maiden Name _____
Address _____
City, and Zip _____
Home Phone: _____

Student's Date of Birth _____
Student's Birthplace _____
Student's Birth Country _____
USA Arrival Date (If not born in USA) _____
Grade Level for 2018-19 _____
Gender: Male Female
Ethnicity American Indian Black
 Hispanic White Multi-Racial
 Asian Pacific Islander Other

Native Language: English, Spanish Other (Please list) _____

Parent/Guardian/Foster Parent Information (Complete for both parents/guardians):

MALE
Last Name: _____
First Name: _____
Address: _____
City: _____
Relation: _____
Occupation: _____
Phone: _____
Employer: _____
Business phone/ext: _____
Cell phone: _____
Email: _____

FEMALE
Last Name: _____
First Name: _____
Address: _____
City: _____
Relation: _____
Occupation: _____
Phone: _____
Employer: _____
Business phone/ext: _____
Cell Phone: _____
Email: _____

Are you a registered voter in Rich Township at this time? Yes No Will register later

Are you an Active Member of the Armed Forces? Yes No Which branch of service? _____

Emergency Contact Information: *Person(s) who are authorized to contact and/or receive student in case of an emergency. List names in the order for the calls to be made. List more than one phone number if possible*

Name _____	Phone: _____	Relation: _____
	Cell: _____	
Name _____	Phone: _____	Relation: _____
	Cell: _____	
Doctor: _____	Phone: _____	

Student Lives With:

Parents (Both) Father Foster parents
 Grandparents Mother Other: _____

Other children in family who attend District 159 schools:

Name	School	Age	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For School Data Entry Only

Student ID # _____	Homeroom _____
DCFS/Foster Child Placement _____	Affidavit _____ Rental/Lease _____
Free/Reduced Lunch _____	Special Education/IEP _____ Section 504 _____

HEALTH HISTORY TO BE COMPLETED BY PARENT/GUARDIAN

Diagnosis of asthma? Child wakes during night coughing?	Yes No Yes No	Indicate Severity	Loss of function of one of paired organs? (eye, ear, kidney, testicles)	Yes No	Indicate Severity
Birth defects?	Yes No		Hospitalizations? When? What for?	Yes No	
Developmental delay?	Yes No		Surgery? When? What for?	Yes No	
Blood disorders? Hemophilia , Sickle cell, Other, Explain	Yes No		Head injury/concussion/ passed out?	Yes No	
Diabetes?	Yes No		Serious illness or injury?	Yes No	
Seizures? What are they like?	Yes No		TB skin test positive (past or present)?	Yes No	If yes, refer to local health department.
Heart problems/Shortness of breath?	Yes No		TB disease (past or present)?	Yes No	If yes, refer to local health department.
Heart murmur? High blood pressure?	Yes No		Tobacco use (type frequency)?	Yes No	
Dizziness or chest pain with exercise?	Yes No		Alcohol/Drug use?	Yes No	
Eye/vision problems? Last exam by doctor	Yes No	Wears glasses contacts	Family history of sudden death before age 50? Cause?	Yes No	
Ear/hearing problems?	Yes No		Dental braces bridge		
Bone/Joint problems?	Yes No		Information may be shared with appropriate personnel for health and educational purposes.		
Other Concerns	Yes No		Parent/Guardian Signature:		
Allergies: Food, medication, environmental: Please list:			Date:		
Is your child currently taking medication? Yes No Please make note of Medication, Dose, Frequency and Duration in this space available below:					

Please indicate YES or NO to each of the following questions concerning your child's attendance in Elementary School District 159 during the 2018-19 school year.

I give permission for my child to attend all class trips under the direct supervision of the classroom teacher and other identified personnel. **YES** **NO**

I give permission for my child to participate in the District's achievement tests that are administered to ALL students in grades Preschool through 8. **YES** **NO**

ENROLLMENT OF A PUPIL WHO IS NOT A RESIDENT OF THE DISTRICT IS A FRAUDELENT ACT. IF THE BOARD OF EDUCATION DETERMINES THAT A PUPIL ENROLLED UNDER FRAUDULENT TERMS AND IS ATTENDING SCHOOL IN THE DISTRICT ON A TUITION FREE BASIS, TUITION WILL BE ASSESSED UNDER SECTION 1-20, 12A OF THE ILLINOIS SCHOOL CODE. SAID PARTIES WILL BE SUBJECT TO THE PAYMENT OF RETROACTIVE TUITION CHARGED FOR NON-RESIDENT STUDENTS, NOT TO EXCEED 110% OF THE PER CAPITA COST. IF A PERSON WHO KNOWINGLY OR WILLFULLY REPRESENTS TO THE SCHOOL DISTRICT FALSE INFORMATION REGARDING RESIDENCY OF A PUPIL FOR THE PURPOSE OF ENABLING THAT PUPIL TO ATTEND ANY SCHOOL IN THAT DISTRICT, WITHOUT THE PAYMENT OF A NON-RESIDENT TUITION CHARGE, SAID PERSON SHALL BE GUILTY OF A CLASS C MISDEMEANOR.

Parent/Guardian

Signature

Signature

Printed Name

Printed Name

Date

Date