

Student Enrollment Form

LINCOLN PARK PUBLIC SCHOOLS



Date		U.I.C.	
School		Student No.	
S.O.C.		Grade	

STUDENT INFORMATION (PLEASE PRINT) Enter student's full name as it appears on his or her birth certificate.

1st Day Present _____

Student's Legal Last Name	First Name	Middle Name / Suffix (Jr, III)

Address Number and Street Name	City	Zip Code

Date of Birth	Gender M/F	Birthplace (City, State, Country)

Phone Number

Have you ever been enrolled in Lincoln Park schools? Yes No

Office Use Only	
Special Ed Survey Given	<input type="checkbox"/>
Affirmation of Prior Discipline Record	<input type="checkbox"/>

STUDENT'S ETHNIC GROUP

Part A: Is the student of Hispanic / Latino descent? Yes No

(A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race.) **If Hispanic you may skip Part B.**

Part B: Student's Race: Choose one or more

- | | |
|-------------------------------|---------------------------------------|
| 1. American Indian or Alaskan | 4. Asian |
| 2. Caucasian | 5. Native Hawaiian / Pacific Islander |
| 3. African American / Black | |

Note: Both parts A and B must be completed if you do not select Hispanic in Part A.

We encourage you to select an answer for both parts. If either part A or B is not answered, the US Department of Education requires the school district to supply an answer on your behalf.

Is your child's first language a language other than English? Yes No

What is the language? _____

Is the primary language used in your child's home or environment a language other than English? Yes No

What is the language? _____

Note: "Primary language" means the dominant language used by a person for communication.

If yes to the above 2 questions, please answer below.

Is this the first time your child has enrolled in a school in the United States?

Yes No

If NO, when did your child first enroll in a school in the United States?

Month _____ Year _____

PREVIOUS SCHOOL ATTENDED (include Preschool through 12th Grade)

School Name	City, State, Zip Code

School Mailing Address	Phone Number	Fax Number

Has the student had a 10-day suspension or expulsion from another school and/or district?
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete the Affirmation of Prior Discipline Record.

Has the student received any IEPC/IFSP/IEP/MET Special Education Services or 504 Plan?
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete the Special Education Survey.

Current Living Situation:
<input type="checkbox"/> Own / rent / lease: house / apartment / trailer, etc.
<input type="checkbox"/> Temporarily sharing a house with another person due to loss of housing or economic hardship
<input type="checkbox"/> In a motel, hotel, or campground due to a lack of alternative accommodations
<input type="checkbox"/> In an emergency or transitional shelter or hospital
<input type="checkbox"/> Awaiting foster care placement
<input type="checkbox"/> In a living arrangement not described above that is not fixed, regular, and adequate
<input type="checkbox"/> Unaccompanied youth and/or runaway
<input type="checkbox"/> None of the above

PARENT / GUARDIAN INFORMATION

(1) Parent/Guardian Last Name, First Name	Cell Phone

Relationship to Student	Work Phone Number	Email Address
Does the student reside with the person? YES <input type="checkbox"/> NO <input type="checkbox"/>	Is the person a custodial parent? YES <input type="checkbox"/> NO <input type="checkbox"/>	

(2) Parent/Guardian Last Name, First Name	Cell Phone

Relationship to Student	Work Phone Number	Email Address
Does the student reside with the person? YES <input type="checkbox"/> NO <input type="checkbox"/>	Is the person a custodial parent? YES <input type="checkbox"/> NO <input type="checkbox"/>	

(3) SIBLING INFORMATION

Student Last Name, First Name	Grade	School	Date of Birth
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Student Last Name, First Name	Grade	School	Date of Birth
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Student Last Name, First Name	Grade	School	Date of Birth
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Birth Certificate _____	Immunization _____	Custody Papers _____
Residency _____	Secretary Signature _____	

I acknowledge all information is accurate

Parent Signature _____