

SCHOOL USE ONLY:

Form 2011

Enrollment Date _____ Transfer Form Received? _____ Certified Birth Certificate Received? _____

ID#: _____ State ID# _____ Homeroom: _____ Grade _____

Padlock ID: _____ Combination: _____ - _____ - _____ Handbook Issued _____ Locker # _____

STUDENT INFORMATION

TODAY'S DATE: _____

Last Name _____ First Name _____ Middle Name _____

Address: _____ P. O. Box: _____ City Pekin South Pekin Zip _____SEX: Male Female ETHNICITY Hispanic Non-HispanicRACE: American Indian/Alaska Native Native Hawaiian or other Pacific Islander
 Asian White
 Black or African American, Multi-Racial

Social Sec. # _____ - _____ - _____ Birth Date ____/____/____ Birthplace _____

Mother's Maiden Name _____

Phone: _____ Bus Rider: YES NO Bus Number _____**CONFIDENTIAL INFORMATION**

Answering these questions will not prevent your child from enrolling in South Pekin Grade School

Check the appropriate box if the child's current living situation is:

- With Relatives or others due to lack of housing In a shelter At a train or bus station, park or in a car
 In a motel/hotel, camp ground or other similar situation due to the lack of alternative, adequate housing
 In an abandoned apartment/ building Temporarily housed awaiting DCFS permanent foster care placement
 Other _____ Disaster Victim? _____ Explain _____

Is there a current Order of Protection or No Contact order which concerns this student YES NO

GUARDIAN INFORMATION

Relationship to the Student

Last Name _____ First Name _____ M.I. _____

Home Phone _____ Cell Phone _____ Email _____

Address _____ City _____ Zip _____

Employer _____ Employer's Phone _____ Ext. _____

GUARDIAN #2 INFORMATION

Relationship to the Student

Last Name _____ First Name _____ Maiden Name _____

Home Phone _____ Cell Phone _____ Email _____

Address _____ City _____ Zip _____

STUDENT'S NAME _____
Last Name First Name Grade

PLEASE PROVIDE EMERGENCY CONTACTS (NAMES OTHER THAN THE PARENT/GUARDIAN)

Emergency Contact #1:

Emergency Contact #2:

Name: _____

Name: _____

Primary Phone _____

Primary Phone _____

Cell _____ Work _____

Cell _____ Work _____

Physician: _____

Address: _____ City _____

Phone: (_____) _____

SPECIAL HEALTH PROBLEMS? *Please circle* *Please list Details*

ADD / ADHD NO YES _____

Asthma NO YES _____

Birth Defects NO YES _____

Blood disorders NO YES _____

Diabetes NO YES _____

Heart Problems NO YES _____

Serious Injury or Illness NO YES _____

Medicine Given at School NO YES (Please complete the Medication Administration Form)

Daily Medications at Home NO YES Name of Medication _____

OTHER _____

ABSENCE CONTACT _____ **PHONE** _____

Please list the **NAME** and **TELEPHONE NUMBER** of the **ABSENCE CONTACT** for your child. If your child is absent, you are required to call the school by 9:00 am to report this absence. If the school does not receive your call, we are required to contact someone.

NAME OF PREVIOUS SCHOOL: _____

School Address: _____ City/State/Zip: _____

School telephone number (_____) _____ Teacher's name _____

Did your child receive: **Special Education?** Yes No **Speech?** Yes No

PARENT/GUARDIAN SIGNATURE: _____