

TOWNSHIP HIGH SCHOOL DISTRICT 214 ENROLLMENT INFORMATION

Please complete all information and print clearly.

FOR OFFICE USE ONLY CURRENT YEAR: 8 9 10 11 12 REG. BY: _____ BUS RTE: _____
ID#: _____ ENTRY DATE _____ ENTRY CODE: _____ HMROOM: _____ LOCKER #: _____ CNS: _____

SECTION A - STUDENT INFORMATION (OFFICIAL BIRTH NAME)

NAME: _____
LAST FIRST FULL MIDDLE APPENDAGE
HOME ADDRESS: _____
NUMBER STREET APT.# CITY ZIP CODE
HOME PHONE: (_____) _____ UNLISTED STUDENT CELL PHONE: (_____) _____ SEX: M F

RACE/ETHNICITY

Note: If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A. Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) Choose only one. No, not Hispanic/Latino Yes, Hispanic/Latino

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.

Part B. What is the student's race? Choose one or more.

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

DATE OF BIRTH: _____ PLACE OF BIRTH _____
CITY STATE/COUNTRY

Have you ever been enrolled in a District 214 school? Yes No Year: _____
NAME OF CURRENT JUNIOR HIGH/MIDDLE SCHOOL OR PREVIOUS HIGH SCHOOL ATTENDED _____

ADDRESS CITY COUNTY STATE/COUNTRY ZIP CODE
School you will attend _____

SECTION B - PARENT/GUARDIAN INFORMATION Please complete the following information for parents/guardians residing at the same address as the enrolling student.

NAME #1 _____ Relationship to student: _____
LAST FIRST MIDDLE
Cell Phone #1: (_____) _____ Work Phone #1: (_____) _____ Email: _____
EXT.
NAME #2 _____ Relationship to student: _____
LAST FIRST MIDDLE
Cell Phone #1: (_____) _____ Work Phone #1: (_____) _____ Email: _____
EXT.
Legal Guardian: Both Parents Mother Only Father Only Other
(If Mother Only, Father Only, or Other is checked, give name, explain and provide documentation) _____
Preferred Mailing Format: Check one: M/M Mr. Ms. Mailing Name: _____

SECTION C - ADDITIONAL PARENT/GUARDIAN INFORMATION Please complete for parents/guardians residing at a different address as the enrolling student.

NAME #1 _____ Relationship to student: _____
LAST FIRST MIDDLE
ADDRESS CITY COUNTY STATE/COUNTRY ZIP CODE
Home Phone: (_____) _____ Cell Phone: (_____) _____ Work Phone: (_____) _____
EXT.
E-mail: _____ Extra mailings: Yes No

SECTION D - EMERGENCY CONTACT INFORMATION (other than parent/guardian)

NAME #1 _____ Relationship to student: _____
LAST FIRST MIDDLE
Phone #1: (_____) _____ Home Work Cell Pager
EXT.
NAME #2 _____ Relationship to student: _____
LAST FIRST MIDDLE
Phone #2: (_____) _____ Home Work Cell Pager
EXT.

SECTION E - STATE AND FEDERAL REGULATIONS

1. TEXTBOOK INFORMATION: In accordance with Public Act 79-961, I agree for my student to use state owned textbooks loaned to our district. If you agree, please check the box to the right.

HOME LANGUAGE SURVEY: The Illinois State Board of Education requires schools to determine the language spoken at home by each child. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested

- 2. Is a language other than English spoken in the home? Yes No If yes, what language(s)? _____
- 3. Does your child speak a language other than English? Yes No If yes, what language(s)? _____
- 4. Has your child ever received special services? Yes No If yes, check the services received. Special Ed 504 ESL/Bilingual
- 5. Has your child attended school in another country? Yes No If yes, give the date of your child's enrollment in U.S. schools. _____
- 6. If available, do you want mailings sent home in a language other than English? Yes No If yes, what language(s)? _____

Home Language Survey/Release of Records - I authorize the registrar and school nurse to release all school records to other schools and for previous schools to send all records to District 214 for admission purposes, and certify that the information on the page, including the home language survey, is accurate.