

Emergency Contact Information

Please list the names of relatives, friends or neighbors who you'll allow to assume temporary care and responsibility for this child if you're unable to be reached should a problem arise while your child is in school

_____	_____	_____
Name	Relationship to Student	Telephone Number(s)
_____	_____	_____
Name	Relationship to Student	Telephone Number(s)
_____	_____	_____
Name	Relationship to Student	Telephone Number(s)

Previous School Information

_____	_____	_____
Name of Last School Attended	Phone Number	Fax Number
_____	_____	_____
Address	City	State Zip

Has the student repeated any grade? Yes No Has the student received any remedial math? Yes No

Additional Services student received at previous school: (CHECK ALL THAT APPLY)

None
 Speech
 Social work
 OT/PT
 504 Plan
 Special Education

Additional information you would like to share: _____

I affirm that all information provided is true and accurate. I understand any false information provided by me may subject me to legal penalties for perjury. Further, I agree to notify the school immediately of any address change.

Signature of Parent/Guardian/Student (if 18 or over) _____ Date _____

FOR SCHOOL USE ONLY

<input type="checkbox"/> Proof Residency (copy attached)	<input type="checkbox"/> Immunization Records	<input type="checkbox"/> Birth Certificate Verification _____
<input type="checkbox"/> Emergency Info	<input type="checkbox"/> Internet Consent	<input type="checkbox"/> Schools of Choice
<input type="checkbox"/> McKinney-Vento	<input type="checkbox"/> Lunch Application	
Date of Entry _____	Request for Records Sent on _____	UIC# _____
School Student # _____	Locker # _____	Bus# _____