



**COMMUNITY SCHOOL DISTRICT 200
STUDENT ENROLLMENT CARD**

Office Use
Student ID # _____

STUDENT INFORMATION

(Check One) **New Student to District 200** **Student Previously Attended District 200 School** **Year Last Attended** _____

Last School Attended (Name & Address) _____

Student Last Name _____ **Student First Name** _____ **Student Middle Name** _____ **M/F** _____ **Date of Birth** ____/____/____ **Grade** _____

Person Having Legal Custody (One) Both Parents Mother Only Father Only Other (explain) _____	Student Lives With (Check) Both Parents Mother Father Mother/Stepfather Father/Stepmother Other (explain) _____	Children in Household 18 and Under	
		Name _____ DOB ____/____/____	Name _____ DOB ____/____/____
Kindergarten Students only (**required for completion of registration) Did your child attend PreSchool? Yes No Yes? At what age(s)? 3 Years 4 Years Both 3 and 4 Years Name of PreSchool Attended: _____		Name _____ DOB ____/____/____	Name _____ DOB ____/____/____
Name _____ DOB ____/____/____	Name _____ DOB ____/____/____	Name _____ DOB ____/____/____	Name _____ DOB ____/____/____

Choose One Ethnicity: <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Hispanic	Choose at Least One Race: <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	Military-Connected: (Details) <input type="checkbox"/> Yes <input type="checkbox"/> No
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PRIMARY PARENT/GUARDIAN (Indicate a Family Primary Phone)

Last Name _____ _____/_____-_____ Home Phone <input type="checkbox"/> Family Primary	First Name _____ _____/_____-_____ Cell Phone <input type="checkbox"/> Family Primary	Relationship to Student _____ _____/_____-_____ Work Phone <input type="checkbox"/> Family Primary (ext.) _____
E-mail Address _____	Employer _____	
Home Address (Include Bldg./Apt #) _____	Mail Address (if different from home address) _____	
City _____ Zip Code _____	City _____ Zip Code _____	

SECONDARY PARENT/GUARDIAN

Last Name _____ _____/_____-_____ Home Phone	First Name _____ _____/_____-_____ Cell Phone	Relationship to Student _____ _____/_____-_____ Work Phone (ext.) _____
E-mail Address _____	Employer _____	
Home Address (Include Bldg./Apt #) _____	Mail Address (if different from home address) _____	
City _____ Zip Code _____	City _____ Zip Code _____	

STUDENT PERMISSIONS

(Check Yes or No For Each Permission)

Release Directory		Internet Consent		Work/Photo Release		Release Military		Release Higher Education	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

EMERGENCY CONTACTS

If Parents Cannot Be Reached, Local Persons to Call / Release Student to in an Emergency (Must list at least TWO)

Emergency Name #1 _____ Relationship _____

_____/_____-_____ _____/_____-_____ _____/_____-_____ (_____) (_____) (_____) (ext.)

Home Phone Cell Phone Work Phone

Emergency Name #2 _____ Relationship _____

_____/_____-_____ _____/_____-_____ _____/_____-_____ (_____) (_____) (_____) (ext.)

Home Phone Cell Phone Work Phone

Emergency Name #3 _____ Relationship _____

_____/_____-_____ _____/_____-_____ _____/_____-_____ (_____) (_____) (_____) (ext.)

Home Phone Cell Phone Work Phone

JOINT CUSTODIAL AND NON-CUSTODIAL INFORMATION

Joint/Non-Custodian Last Name _____ First Name _____ Relationship to Student _____

Home Street Address _____ City _____ State _____ Zip Code _____

Mail Street Address (if Different from Home) _____ City _____ State _____ Zip Code _____

Employer _____ Home Phone _____/_____-_____ Cell Phone _____/_____-_____ Work Phone _____/_____-_____ (_____) (ext.)

E-mail Address _____

Illinois school code states a non-custodial parent has the right to receive all student information unless a court order states otherwise.

Court Order Document: _____ Order Of Protection: _____

Parent Signature (Required) _____ Date _____