

**Meridian Community Unit
School District #223
Registration Form**

For Office Use Only:

Start Date _____ Transportation _____
Grade Level _____ Scheduling _____
Entered in Comp. _____
Student ID # _____

Has your child previously enrolled in a District #223 School? Yes No **School Name:** _____

Student Name: _____
Legal Last Name Legal First Name Middle Preferred/Nickname

Date of Birth: ____/____/____ **Birthplace:** _____
Month Day Year City State Country

Gender: Female Male **Student Social Security Number:** (Optional) _____

Race/Ethnic Background: (Please choose one)

American Indian/Alaskan Native Asian/Pacific Islander Black Non-Hispanic Hispanic White Multi Racial

Student's Home Address: _____
Street Apartment City Zip

Primary Contact Phone Number: _____ **Primary Contact Email:** _____

****Please note: If you checked anything other than "Both Parents," you must file documentation with the school stating the custody arrangements.**

Custody of this child is held by:

Both Parents, same household Both Parents, different household Mother has sole custody Father has sole custody
 Court ordered legal guardian Foster Care DCFS Other _____
(Please describe)

Mother/Guardian Information 1:

Child Lives with this Guardian Yes No

Relationship to student _____

Last Name First Middle

Address: Check if address and phone are the same as the student

Street, City, State, Zip (if different from student)

Home Phone _____

Work Phone _____ Cell Phone _____

Employer _____

Email address: _____

Primary Language _____

Translation Needed Yes No

Father/Guardian Information 2:

Child Lives with this Guardian Yes No

Relationship to student _____

Last Name First Middle

Address: Check if address and phone are the same as the student

Street, City, State, Zip (if different from student)

Home Phone _____

Work Phone _____ Cell Phone _____

Employer _____

Email address: _____

Primary Language _____

Translation Needed Yes No

Emergency Information

(Please provide at least two emergency contacts)

Emergency Contact 1 (OTHER THAN PARENT/GUARDIAN)

Emergency Contact 2 (OTHER THAN PARENT/GUARDIAN)

Last Name First Middle

Last Name First Middle

Address: _____
Street, City, State, Zip

Address: _____
Street, City, State, Zip

Relationship to student _____

Relationship to student _____

Home Phone _____ Work Phone _____

Home Phone _____ Work Phone _____

Cell Phone _____

Cell Phone _____

Additional contact information can be entered on page 3.

Sibling Information (Please list the names of other brothers and/or sisters and ages.)

Child's Name	Birth Date

Previous School Information

Last School(s) Attended _____

Name of School	School Address	Grade

What grade levels has your child completed in a school within the USA? (Circle all that apply) PK K 1 2 3 4 5 6 7 8 9 10 11 12

What grade levels has your child completed in a school outside the USA? (Circle all that apply) PK K 1 2 3 4 5 6 7 8 9 10 11 12

Did you child participate in any special education or other special programs? Yes No

If yes, please check all that apply:

- Speech and Language *
- Learning Disabilities *
- Other Special Education program *
- 504 Accommodation Plan **
- Reading Support (Title1, Reading Recovery, Chapter 1)
- ESL or Bilingual Program
- Other _____

* Please bring in copy of IEP as soon as possible to insure your child's appropriate educational placement

** Please bring in a copy as soon as possible to insure your child's appropriate education placement

Please provide any additional information below that you feel would be helpful in providing your child with an appropriate educational placement.

Verification Signature

I verify that the above information is correct. I will notify the school promptly should any of this information change.

Parent/Guardian Signature

Date

Additional Contacts: (Please complete the following if you wish to give the school additional emergency contacts)

Emergency Contact 3 (OTHER THAN PARENT/GUARDIAN)

Last Name First Middle

Address:

Street, City, State, Zip

Relationship to student _____

Home Phone _____ Work Phone _____

Cell Phone _____

Emergency Contact 4 (OTHER THAN PARENT/GUARDIAN)

Last Name First Middle

Address:

Street, City, State, Zip

Relationship to student _____

Home Phone _____ Work Phone _____

Cell Phone _____

Emergency Contact 5 (OTHER THAN PARENT/GUARDIAN)

Last Name First Middle

Address:

Street, City, State, Zip

Relationship to student _____

Home Phone _____ Work Phone _____

Cell Phone _____

Emergency Contact 6 (OTHER THAN PARENT/GUARDIAN)

Last Name First Middle

Address:

Street, City, State, Zip

Relationship to student _____

Home Phone _____ Work Phone _____

Cell Phone _____