

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

MILITARY INFORMATION

Please supply the start date for any guardian of this student who is a current active member of the Armed Forces or Full-time National Guard. ___/___/___

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

Grade: _____ 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)

Father/Guardian Information 1:

Child Lives with the 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

Mother/Guardian Information 2:

Child Lives with the 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

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 _____

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

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

If yes, please check all that apply:

- Speech Language *
- Learning Disabilities *
- Other Special Education program *
- 504 Accommodation Plan **
- Reading Support (Title 1, 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*

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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