

**COMMUNITY SCHOOL DISTRICT 200
STUDENT ENROLLMENT CARD**

Office Use Only Student ID # _____ Family ID # _____ Birth Certificate # _____ _____ _____
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(Check One) New Student to District 200 ____ Student Previously Attended District 200 School ____
 Last School Attended _____ Year Last Attended _____
 School Name/Address _____

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

_____/_____/_____
 Birthplace (city, state, country) Social Security Number Home Phone Number Native Language

Person Having Legal Custody (Circle) 1—Both Parents 2—Mother Only 3—Father Only 4—Other (explain) _____

Student Lives With (Circle) 1—Both Parents 2—Mother 3—Father 4—Mother/Stepfather 5—Father/Stepmother 6—Other (explain) _____
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Is the student covered by Medicaid? (Circle) Yes No Medicaid # _____

Ethnicity (Circle) 1—White 2—African-American 3—Hispanic 4—Asian/Pacific Islander 5—American Indian 6—Multi-Racial

Release information to the PTA? (Circle) Yes No
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Number of Siblings and Ages Brothers ____ Ages ____ Sister ____ Ages ____
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MAIL WILL BE SENT TO THIS ADDRESS:

_____/_____/_____
 #1 Parent/Guardian Last Name First Name Relationship to Student

_____/_____/_____
 Street Address Bldg./Apt # City Zip Code
 _____/_____/_____
 Employer Work Phone (ext.) Cellular Phone Number Pager Number

_____/_____/_____
 #2 Parent/Guardian Last Name First Name Relationship to Student

_____/_____/_____
 Street Address (if different than above) Bldg./Apt # City State Zip Code
 _____/_____/_____
 Employer Work Phone (ext.) Cellular Phone Number Pager Number

_____/_____/_____
 Non-Custodian Last Name (if applicable) First Name Relationship to Student

_____/_____/_____
 Street Address Bldg./Apt # City State Zip Code
 _____/_____/_____
 Employer Work Phone (ext.) Cellular Phone Number Pager Number

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

If Parents Cannot Be Reached, Local Persons to Call in an Emergency (Must List Two)

_____/_____/_____
 Emergency Name #1 Relationship Phone (ext.)
 _____/_____/_____
 Emergency Name #2 Relationship Phone (ext.)

Sitter/Day Care Name: _____ Phone: ____/____-_____ Days in Care (Circle) M T W T F
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 Parent Signature (Required) Date

Bus Route _____
Bus Stop _____
Internet (Circle) Yes No

FOR OFFICE USE ONLY:

PHYSICAL DATE RECEIVED _____

BOOK FEE PAID: _____

RECORDS REQUESTED _____ **RECORDS RECEIVED:** _____

ON FILE:

Proof of Residency _____

Proof of Guardianship _____

Permissive Transfer _____

Court Order Document _____

Order of Protection _____

Emancipated Student _____

Birth Certificate _____

Other Information:
