

High School Student Registration Form

2022-2023

Student's Legal Last Name (as it appears on birth Certificate)	Legal First Name	Legal Middle Name
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Also known as:	BIRTH DATE
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Gender M/F	BIRTHPLACE	CITY	STATE	GRADE LEVEL
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ETHNIC CODE (this is required information) American Indian or Alaska Native Asian White Black or African American Hispanic or Latino Native Hawaiian or other Pacific Islander Two or more races	Parent/Guardian in Armed Forces (optional) Branch _____ Active Duty yes no Reserves yes no Deployed yes no
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Does anyone in your home speak a language other than English? YES NO If yes, What language? _____ Does your child speak a language other than English? YES NO If yes, What language? _____ Is this student a Foster child? Yes _____ No _____	MEDICAID # ? _____
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PRIMARY HOUSEHOLD (Parent/Guardian 1 where student resides) <i>Last name First Name Relationship to student</i>	PHONE #1 Home Work Cell	PHONE #2 Home Work Cell
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(Parent/Guardian 2 where student resides) <i>Last name First Name Relationship to student</i>	PHONE #1 Home Work Cell	PHONE #2 Home Work Cell
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PHYSICAL ADDRESS:	APT. #	City	State	ZIP
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MAILING ADDRESS (P.O. Box)	City	State	ZIP
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PARENT EMAIL ADDRESS(ES)

Are you currently living with another family member or friend and need some assistance? Yes ___ No ___

SECOND HOUSEHOLD (non-custodial parent/guardian 1 not residing with student) <i>Last Name First Name</i>	PHONE #1 Home Work Cell	PHONE #2 Home Work Cell
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(non-custodial parent/guardian 2 not residing with student) <i>Last Name First Name</i>	PHONE #1 Home Work Cell	PHONE #2 Home Work Cell
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PARENT EMAIL ADDRESS(ES)	Additional mailings Yes No
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SECOND HOUSEHOLD MAILING ADDRESS (Street/PO Box, City, State, Zip)	RELATIONSHIP TO STUDENT Both parents Grandparents Mother only Stepfather/Stepmother Father only Agency Mother/Stepfather Self Father/Stepmother Other Guardian
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Is there a joint-custody or other Court/DCFS plan in effect? Yes No (If yes, plan must be on file with the school) Copy attached

Is there an Order of Protection in effect? Yes No (if yes, legal papers must be on file with the school) Copy attached

Restraining order is against: Mother Father Other _____

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL ED PROGRAM YES NO

HAS YOUR CHILD EVER QUALIFIED FOR OR HAD A 504 PLAN? YES NO

HAS YOUR CHILD EVER PARTICIPATED IN: TITLE I GIFTED ELL OTHER _____

HAS YOUR CHILD EVER BEEN RETAINED?

YES NO

If yes, at what grade level(s) _____

PLEASE LIST OTHER SIBLINGS ATTENDING GEORGETOWN-RIDGE FARM SCHOOLS

Last name (legal)

First Name

School

Grade

Does your child ride a bus? Yes - Route _____ No

ATHLETICS: I give permission for my child to participate in school sponsored athletics. This includes trying out for cheerleading and dance. YES _____ NO _____

Student's must have insurance to participate in school sponsored athletics, cheerleading and dance.

Name of Insurance Plan: _____

FIELD TRIPS: I give permission for my child to participate in school sponsored field trips. YES _____ NO _____

STUDENT RELEASE AUTHORIZATION

When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. **In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.**

PRIMARY CONTACT (Other than parent/guardian)	RELATIONSHIP TO CHILD	PHONE #1 Home Work Cell	PHONE #2 Home Work Cell
SECONDARY CONTACT (Other than parent/guardian)	RELATIONSHIP TO CHILD	PHONE #1 Home Work Cell	PHONE #2 Home Work Cell

STUDENT RELEASE AUTHORIZATION: In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person (s) listed above.

Legal Parent/Guardian Signature _____ Date _____

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

Legal Parent/Guardian Signature _____ Date _____

PHOTO RELEASE:

I/We **GRANT** permission for this child's video/photo/image and all other personal identifiers to be published on the Georgetown-Ridge Farm District's website, newsletter, bulletin, or any social media outlets and publications.

I/We **DO NOT GRANT** permission for this child's video/photo/image and all other personal identifiers to be published on the Georgetown- Ridge Farm District's website, newsletter, bulletin, or any social media outlets and publications.

Legal Parent/Guardian Signature _____ Date _____

VERIFICATION OF INFORMATION: The information on this form is true and accurate as of this date, I understand that falsification of information to achieve enrollment may be cause for revocation of the student's enrollment to Georgetown-Ridge Farm School District.

Legal Parent/Guardian Signature _____ Date _____