

Mahomet- Seymour Community Unit School District #3 Student Registration & Information Sheet

Student:

Last Name	First Name	Middle Name	Name Your Child Goes By

Gender (M/F):

Grade:

Birth Date (mm/dd/yyyy): / /

Birth City/State:

Birth Country:

Mothers Maiden Name:

Ethnicity (Is this student Hispanic/Latino (Y/N):

Race - Check All That Apply (Must Select At Least One)

- 1 American Indian or Alaskan Native
- 2 Asian
- 3 Black or African American
- 4 Native Hawaiian or othe Pacific Islander
- 5 White

Office Use Only	Student ID#: #			
	✓	mm	dd	yyyy
	Start Date (1st Day):			
	Proof of Residency:			
	Birth Certificate:			
	Physical:			
	Immunization Record			
	Dental Form:			
	Vision Form:			
	AM Bus #:		#	
PM Bus #:		#		
Amount Paid:		\$ Check #:		
Illinois Transfer Form Sent to:				

Previous School:

School Name: School

City/State/Zip:

Phone & Fax #: Phone # Fax #

Custodial Family: (Primary Residence of Student)

	Custodial Parent/Guardian #1		Custodial Parent/Guardian #2
Title: (Mr. Mrs. Miss Ms. Dr. Rev.)	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>
Name Last/First:	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>
Relationship To Student:	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>
Street Address:	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>
City/State/ZIP:	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>
Email Address:	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>
Home Phone:	()		()
Cell Phone:	()		()
Employer Name:	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>
Work Phone:	()		()

Family #2 (if applicable)

	Other Parent/Guardian #1		Other Parent/Guardian #2
Title: (Mr. Mrs. Miss Ms. Dr. Rev.)	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>
Name Last/First:	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>
Relationship To Student:	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>
Street Address:	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>
City/State/ZIP:	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>
Email Address:	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>
Home Phone:	()		()
Cell Phone:	()		()
Employer Name:	<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>
Work Phone:	()		()

STUDENT NAME:

Last	First	Middle	Student ID#	Teacher
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Release of Student:

Is there any person(s) to whom your child should **NOT** be released? YES NO

If a birth parent or other legal guardian is listed below, we **MUST** have a copy of your Divorce Decree, Custody Agreement or Order of Protection. Without at least one of these, we cannot legally deny a legal guardian access to their child and/or records.

Name:		
Relation To Student:		

Before / After School Transportation / Child Care: (One address only for P/U and one address for D/O)

Check box if your child **DOES NOT** need school bus transportation:

If your child **DOES** need school bus transportation, please provide the following information:

Pick Up Address:	
Pick Up Subdivision:	
Drop Off Address:	
Drop Off Subdivision:	

If either address to the left is not your home, please provide the following information:

Name of Sitter/Caregiver	
Sitter/Caregiver Phone #:	
Sitter/Caregiver Subdivision:	

Emergency Information & Contacts (Addition to Parents/Guardians Listed On Prior Page)

	Emergency Contact #1	Emergency Contact #2
Title: (Mr. Mrs. Miss Ms. Dr. Rev.)		
Name Last/First:		
Relation To Student:		
City		
Primary Phone #:	()	()

Medical Provider Information

Primary Doctor Name:		Hospital Name:	
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Student Health & Medical Information

Does your child have a medical concern which requires intervention at school? eg EpiPen, etc.

Concern:	Medication (If Applicable)

List any services your child receives (IEP, 504, reading, social work)

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Does your child play IHSA Sports? (*High School Only*)

Yes No

Parent/Guardian Signature

I/we acknowledge that in signing this form, that all the information is current, factual and complete. Please be aware that under the Illinois Statute, providing false information about residency **will** result in criminal charges being brought against you.

	Parent/Guardian#1	Parent/Guardian#2 (optional)
Signature:		
Printed Name:		
Date:		

Illinois State Board of Education
New U.S. Department of Education Race and Ethnicity Data Standards

DATA COLLECTION FORM

Student's Name: _____

Grade: _____

INSTRUCTIONS: This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A. Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Choose only one.**

- No, not Hispanic/Latino**
- Yes, Hispanic/Latino**

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.

Part B. What is the student's race? Choose one or more.

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Note: Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.

Home Language Survey

The state requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency.

Please answer the questions below and return this survey to your child's school.

Student's Name: _____

1. Is a language other than English spoken in your home?

Yes _____ No _____

What language? _____

2. Does your child speak a language other than English?

Yes _____ No _____

What language? _____

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

Parent/Legal Guardian Signature

Date