

Ethnic/Bilingual Registration Form

Community Unit School District #3, Fulton County

652 Main St.
20325 N. IL Hwy 97
Cuba, Illinois 61427

Angela Simmons, Superintendent/Elementary Principal
Cassie Nelson, Middle-Senior High Principal

Dear Parent/Guardian:

Due to the NCLB (No Child Left Behind) federal law, we are required to file additional mandated reports with the state and federal governments. Please complete the following checklist about your child and return this form at registration to the school office. Be assured that this information will be kept strictly confidential.

Student's Name: _____ Grade: _____

Parent's Name: _____

Home Phone: _____ Cell Phone: _____

Racial/Ethnic Background:

Is your child Bilingual:

_____ Asian

_____ No

_____ Black or African American

_____ Yes

_____ Hispanic or Latino

Other language (s) spoken: _____

_____ American Indian or Alaskan Native

_____ Native Hawaiian or Other Pacific Islander

_____ Two or More Races

_____ White

_____ Other: _____

Does anyone in your home speak a language other than English?

_____ No

_____ Yes. What language? _____

Does your son/daughter speak a language other than English

_____ No

_____ Yes. What language? _____

Parent/Guardian Signature: _____ Date: _____