

Community Unit District #6  
**Registration Form**

Date \_\_\_\_\_, 20\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_

**STUDENT INFORMATION**

Full Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

(Last Name) (First) (Middle)

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Student Cell Phone #: \_\_\_\_\_  
(Month/Day/Year) (City)

Residence Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Mailing Address \_\_\_\_\_  
(If different from residence) (Street) (City) (State) (Zip)

Last School Attended \_\_\_\_\_

Distance to School \_\_\_\_\_ Eligible to ride Bus (Circle One) YES NO

**CHILD LIVES WITH: (check one)**

**HEALTH CONCERNS (circle one)**

- \_\_\_\_\_ Both Mother and Father
- \_\_\_\_\_ Father and Stepmother
- \_\_\_\_\_ Father Only
- \_\_\_\_\_ Foster Parents
- \_\_\_\_\_ Other
- \_\_\_\_\_ Mother and Stepfather
- \_\_\_\_\_ Mother Only
- \_\_\_\_\_ Relatives other than Parent
- \_\_\_\_\_ Independently

- \_\_\_\_\_ Asthma
- \_\_\_\_\_ Inhaler
- \_\_\_\_\_ ADD
- \_\_\_\_\_ Seizures
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Allergies
- \_\_\_\_\_ Other/Explain \_\_\_\_\_
- \_\_\_\_\_ Family Physician \_\_\_\_\_
- \_\_\_\_\_ Physician Phone # \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION (Household where child resides)**

Father/Guardian \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Marital Status \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

Email Address \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Marital Status \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

**ADDITIONAL FAMILY INFORMATION (Child does not reside in this household) Receive a report card at this address (circle one) YES NO**

Parent/Guardian \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Marital Status \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

**EMERGENCY CONTACT (Designate TWO individuals other than yourself.)**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Primary Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Primary Phone # \_\_\_\_\_

**In the judgment of the school authorities immediate treatment is urgent, and neither parent can be reached, I authorize Staunton Community Unit School District #6 to call 911 and transport my child for treatment. I authorize the school nurse to share information with appropriate staff as necessary.**

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

STAUNTON COMMUNITY UNIT SCHOOL DISTRICT #6  
801 N. DENEEN ST.  
STAUNTON, IL 62088

STUDENT NAME: \_\_\_\_\_

SIS ID #: \_\_\_\_\_

**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.)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

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.

**School Use Only:** \_\_\_\_\_

Race and ethnicity verified by: \_\_\_\_\_ Date verified: \_\_\_\_\_