

**Staunton CUSD #6**  
**New Student Enrollment/Residency Authorization**

For the safety and protection of our students, the following information is required prior to the enrollment of all new students to SCUSD #6.

New Student Name \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Enrollment \_\_\_\_\_

Last school attended \_\_\_\_\_  
(School Name) (City) (State)

Parent (Guardian) Name \_\_\_\_\_

Parent (Guardian) Phone Number \_\_\_\_\_

Parent (Guardian) Home Address \_\_\_\_\_  
(Street) (City) (State)

**Any new student enrolling at SCUSD #6 must prove residency with the following documentation:**

**Category I (One document required)**

Most recent property tax bill and proof of payment

Mortgage papers (homeowners)

Signed and dated lease and proof of last month's payment (renters)

Letter from manager and proof of last month's payment (trailer park resident)

Housing letter (Military personnel)

\*Letter of residence from landlord in lieu of lease **MUST BE NOTARIZED**

\*Letter of residence to be used when the person seeking to enroll a student is living with a District resident **MUST BE NOTARIZED**

**Category II (Three documents required)**

Driver's license or state ID

Vehicle registration

Voter's registration

Most recent cable television **OR** credit card bill

Current public aid card

Current homeowners/renters insurance policy and premium payment receipt

Most recent gas **OR** electric **OR** water bill

Current library card

Receipt for moving van rental

Mail received at new residence

**Approval from Principal** \_\_\_\_\_  
Signature Date

The district may require a home visit and/or additional documentation to verify residency.

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

Asthma Inhaler ADD Selzures 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.)**

1. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Primary Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Primary Phone # \_\_\_\_\_

If 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**

## *Ethnicity and Race Identification*

**Student Name:** \_\_\_\_\_

**INSTRUCTIONS:** This form is to be filled out by the student's parent or guardian, 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**

**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 Island.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

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**Parent/Guardian Signature**

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**Date**

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

**STAUNTON CUSD #6**  
**2020-2021 VERIFICATION FORM**

**REQUIRED FORMS FOR YOU TO COMPLETE AND SUBMIT:**

1. Parent/Guardian Authorization Form & Affidavit of Residence
2. Registration Form
3. Ethnicity and Race Identification Form
4. Chromebook / Digital Citizenship Form
5. Student Bus Registration Form

**REQUIRED FORMS/POLICIES/GUIDELINES FOR YOUR RECORDS:**

Staunton CUSD #6 *required forms/policies/guidelines* are accessible online at [www.stauntonschools.org](http://www.stauntonschools.org)

1. Authorization for Electronic Network Access Form
2. Authorization Acknowledgement of Failure to Comply with Cellular Radio Telecommunication Devices Procedures
3. Authorization Acknowledgement for Conducting Suspicion-Based Drug and/or Alcohol Testing of Students
4. Field Trip Form
5. Board Policy 7:180 Preventing Bullying, Intimidation and Harassment
6. Staunton CUSD #6 Handbook
7. Extracurricular Activity Compact
8. IHSA Sports Medicine Acknowledgement & Consent Form
9. Staunton School District Concussion Management Program

**My signature verifies that I understand that I am responsible for reviewing, understanding, and complying with the above listed forms, policies, and/or guidelines.**

\_\_\_\_\_  
Parent/Guardian Name (*please print*)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name (*please print*)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Staunton Community Unit School District #6**

Mrs. Cynthia Tolbert, Superintendent

School Year \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION FORM  
&  
AFFIDAVIT OF RESIDENCE**

STATE OF ILLINOIS, COUNTIES OF MACOUPIN/MADISON

(I) (We), \_\_\_\_\_ having first been sworn upon (my) (our) oath depose and say as follows:

That (I am) (We are) the (circle one) – parent(s), foster parents(s), legal guardians(s) of

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(student's name)(s) (birthdate)(s) (grade)(s)

That we are legally entitled to receive grades, reports, and other documents and information from school personnel (whether verbally or in writing).

That my/our signature(s) on any school form is a **legal authorization** by us and that our residence is

\_\_\_\_\_, in the City/Village of \_\_\_\_\_.  
(Street Address) in the County of \_\_\_\_\_.

Please check here if you are considered Homeless as defined in Illinois School Code \_\_\_\_\_

Macoupin/Madison Counties, Illinois within the territorial boundaries of Staunton Community Unit School District #6, Macoupin/Madison Counties, Illinois. That the said child's residence within the said school district has not been established solely for the purpose of attending the schools thereof. That the following facts are sworn to, in order to permit the said school district to enroll the said child in the school of said district as a resident.

**Please be advised that according to the Illinois School Code any person who attempts to enroll, enrolls or presents false information for the purpose of enrolling a non-resident student is guilty of a Class C misdemeanor.** {Ref. 105 ILCS 5/10-20. 12b(e) &(f)}

Parents/Guardians must sign the **Verification Form** acknowledging they have submitted accurate information on the *Parent/Guardian Authorization Form & Affidavit of Residence* each year while the student is enrolled in the School District.

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801 N. Deneen [www.stauntonschools.org](http://www.stauntonschools.org) 618-635-2962  
Staunton, IL 62088

**The district may require a homevisit and/or additional documentation to verify residency.**

RELEASE TO LEAVE WITH A PARENT/GUARDIAN FROM AN  
AWAY  
INTERSCHOLASTIC EVENT  
**For the 2020-2021 School Year**

It is the practice of the Staunton CUSD #6 that parent/guardian must submit a release form (available in school office) to be able to transport his/her child from any away extracurricular event. Each coach/sponsor will receive an approved listing of students whose parents/guardians have submitted a release form to the building principal. It is the parent/guardian responsibility to locate the coach/sponsor and sign the "sign-out" form in the presence of the coach/sponsor before their child is allowed to leave the extracurricular event. There will NOT be any variation to this policy.

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**RELEASE FORM**  
**SIGNED RELEASE FORM MUST BE GIVEN TO PRINCIPAL**

A parent/guardian must submit this release form to be able to transport his/her child from any away extracurricular event.

\_\_\_\_\_ will be transported on various dates from away extracurricular events by a parent/guardian during the 2020-2021 school years. I understand it is the responsibility of the parent/guardian to locate the coach/sponsor and sign the "sign out" form in the presence of the coach/sponsor before my child is allowed to leave from the extracurricular event.

\_\_\_\_\_  
Date

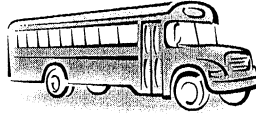
\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Principal Signature

# Staunton Community Unit School District #6

2020-2021

Bus Registration Form:



**Office Use Only**

Assigned Bus Route: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State)

What Bus Route was your child assigned to last year (if applicable)? \_\_\_\_\_

Parent (Guardian): \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

*Phone Numbers*

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parent (Guardian): \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

*Phone Numbers*

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

*Phone Numbers*

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

*Phone Numbers*

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Other Eligible Drop-Off Location (i.e. State Licensed Daycare or Grandparent's home):

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

Name of Supervising Adult: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

***\*Staunton CUSD #6 Buses may be monitored using video and audio.\****