

**Student Enrollment Sheet**  
**Unit Seven Schools**

Grade in school: \_\_\_\_\_

Student ID # \_\_\_\_\_  
(school use only)

Student Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(CR, CT, DR, LN, - PO Box - CR) (City) IL (ST) (Zip Code)

Gender: Male Female Ethnicity: (check one) American Indian /Alaskan Native  
Black (non-Hispanic)  
Asian/Pacific Islander White (non-Hispanic)  
Multi- Racial/Ethnic Hispanic

Birth date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (optional)

**Father Contact Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City-St-Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Prefer contact by your cell phone? Yes No  
Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
E-mail Address : \_\_\_\_\_  
@ \_\_\_\_\_

Resides with? Yes No  
Receive mailings? Yes No

(If applicable)  
Step Mother: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work #: \_\_\_\_\_

**Mother Contact Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City-St-Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Prefer contact by your cell phone? Yes No  
Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
E-mail Address : \_\_\_\_\_  
@ \_\_\_\_\_

Resides with? Yes No  
Receive mailings? Yes No

(If applicable)  
Step Father: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work #: \_\_\_\_\_

If Guardian cannot be contacted, please contact: Must fill in all information

Emergency Contact Name:  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City-St-Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Allowed to pick up student? Yes No

Emergency Contact Name:  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City-St-Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Allowed to pick up student? Yes No

Signature confirms information is accurate and that knowingly or willfully providing false information to a school district regarding residency of a pupil for the purpose of enabling the pupil to attend any school in the district without the payment of a nonresident tuition charge commits a Class C misdemeanor (105 ILCS 5/10-20.12b - 730 ILCS 5/5-9.

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

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**MEDICAL**

Does your child have any medical conditions which require special consideration by school personnel?

Yes            No

If yes, what is the condition that we should note on his/her records?

\_\_\_\_\_

Does your child take medication?

Yes            No

If yes, provide the name of the medication(s):

\_\_\_\_\_

**Please see the school nurse for a "School Medication Guidelines and Authorization Form."  
This form must be renewed each school year.**

**SIBLINGS**

List brothers/sisters at home or in other Unit 7 Schools:

Name / Age

School (if applicable)

_____	_____
_____	_____
_____	_____

**NEW STUDENTS**

List the most recent school attended: \_\_\_\_\_

Address of the school: \_\_\_\_\_

Name other schools that your child has attended: \_\_\_\_\_

\_\_\_\_\_

Does your child currently receive special education services with an Individualized Education Plan (IEP)?

Yes            No

Does your child currently receive services with a Section 504 Plan?

Yes            No

**MILITARY CONNECTED STUDENTS**

Is this student a dependent of an active duty member of any of the following?

Yes            No

If yes, check all that apply

- The United State Military (Army, Navy, Air Force, Marines, or Coast Guard)
- Active Duty National Guard
- Active Duty Reserve Force of the US Military
- Transitioning out of Active Duty to National Guard or Reserve