

Arthur Community Unit School District #305

Student Information

First Name: _____ Middle: _____ Last: _____

PO Box: _____ Street Address: _____

City: _____ Zip: _____ County: _____

Date of Birth: _____ Gender: Male ____ Female ____ Student's Cell: _____

Grade entering: _____ Does your child have an IEP? Yes ____ No ____

Student's Primary Language: _____ Native Language: _____

Ethnicity/Race: _____ Birth Country _____

Lives with: _____ Relationship*: _____

Is your residence permanent or temporary? ____ Permanent ____ Temporary

If temporary residence, please provide a brief explanation: _____

Name of Siblings and Grade in Arthur 305 School District: _____

Parent/Guardian Information

Mother Father Guardian

Name: _____ Home phone: _____ Cell: _____

Address: _____

Employer/City: _____ Phone: _____

E-mail: _____ Custodial parent: Yes ____ No ____

Mother Father Guardian

Name: _____ Home phone: _____ Cell: _____

Address: _____

Employer/City: _____ Phone: _____

E-mail: _____ Custodial parent: Yes ____ No ____