

ENROLLMENT DATE: _____
ENTERED STI: _____

THOMPSONVILLE CUSD #174 STUDENT ENROLLMENT FORM

STUDENT NAME	STUDENT ADDRESS
LAST: _____ FIRST: _____ MIDDLE: _____ NICKNAME: _____	STREET: _____ _____ CITY: _____ STATE: _____ ZIP: _____

PRIMARY PHONE: _____ BIRTHDATE: _____
GRADE LEVEL: _____ GENDER: MALE FEMALE:
SOCIAL SECURITY#: _____
STUDENT RESIDES WITH:
 BOTH PARENTS
 MOTHER ONLY MOTHER/STEPFATHER LEGAL GUARDIAN
 FATHER ONLY FATHER/STEPMOTHER FOSTER PARENT
SCHOOL LAST ATTENDED: _____ CITY/STATE: _____

CHILDREN OF MILITARY PERSONNEL

PART A: IS EITHER PARENT/GUARDIAN IN THE ARMED FORCES? IF NO, SKIP PART B. YES NO
PART B: IS EITHER PARENT/GUARDIAN CURRENTLY DEPLOYED TO ACTIVE DUTY? YES NO

PARENT/GUARDIAN

RELATIONSHIP TO STUDENT: _____ LAST NAME: _____ FIRST NAME: _____ (COMPLETE IF DIFFERENT FROM STUDENT) ADDRESS: _____ CITY/STATE/ZIP: _____	PRIMARY PHONE: _____ WORK PHONE: _____ CELL PHONE: _____ EMPLOYER: _____ OCCUPATION: _____ EMAIL: _____
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RELATIONSHIP TO STUDENT: _____ LAST NAME: _____ FIRST NAME: _____ (COMPLETE IF DIFFERENT FROM STUDENT) ADDRESS: _____ CITY/STATE/ZIP: _____	PRIMARY PHONE: _____ WORK PHONE: _____ CELL PHONE: _____ EMPLOYER: _____ OCCUPATION: _____ EMAIL: _____
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EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN

RELATIONSHIP TO STUDENT: _____ NAME: _____	<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL PHONE: _____
<hr style="border-top: 1px dashed black;"/>	
RELATIONSHIP TO STUDENT: _____ NAME: _____	<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL PHONE: _____

SPECIAL SERVICES RECEIVED

- IS YOUR CHILD RECEIVING SPECIAL EDUCATION SERVICES? YES NO
DOES YOUR CHILD HAVE A CURRENT IEP? YES NO
DOES YOUR CHILD HAVE A CURRENT 504 PLAN? YES NO

TRANSPORTATION

- MY CHILD WILL BE TRANSPORTED TO AND FROM SCHOOL BY:
 BUS DRIVEN BY PARENT/GUARDIAN WALK
UNEXPECTED DISMISSAL, MY CHILD IS TO: _____

THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE OF PARENT OR GUARDIAN

DATE

CONFIDENTIAL INFORMATION

Complete only if it shows (1) your child's current living situation, or (2) your living situation if you are a youth not living with a parent or guardian.
Check the appropriate box:

- Shelter With relatives or others due to lack of housing
 Motel/hotel, camping ground, or other similar situation due to lack of alternative, adequate housing due to the loss of housing Other: _____
 Train or bus station, park, or in a car Disaster victim? Explain: _____
 Abandoned apartment/building _____

Is there a current Order of Protection or No Contact Order which concerns the student? Yes No

THOMPSONVILLE CUSD #174
Home Language Survey

The State of Illinois requires school districts to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency.

Please answer the questions below and return this survey to your child's school.

Student Name _____

1. Is a language other than English spoken in your home?

Yes _____ No _____

If "Yes," what language? _____

2. Does your child speak a language other than English?

Yes _____ No _____

If "Yes," what language? _____

3. Was your child born outside of the United States?

Yes _____ No _____

If "Yes," what is the country of birth? _____

4. Is this the first school in the United States that your child has attended?

Yes _____ NO _____

If "Yes," what date did your child enter the United States? _____

If the answer to question 1 or 2 is "Yes," the law requires the school to assess your child's English language proficiency.

Parent/Legal Guardian Signature

Date

THOMPSONVILLE CUSD #174 PARENT GENERAL CONSENT FORM

Student’s Name: _____

We will not attempt to call parents when it is necessary to dismiss school early because of weather conditions or other unusual circumstances. Announcements of school closings will be made over the local radio and TV stations and via Remind 101 texts from Mrs. Grant.

PLEASE INITIAL THE APPROPRIATE SPACE BELOW FOR THE FOLLOWING ITEMS:

1. I have received a copy of or agree to access the District 174 Handbook, which is available on the district website, and I am responsible for reviewing the contents with my child.
 Yes No
2. From time to time throughout the school year, classes will have the opportunity of taking field trips. Notification of these trips will be made by using the *Field Trip Notification/Approval Form*. I give my permission for my child to go on field trips with his/her class.
 Yes No
3. I have read the *Authorization for Internet Access*. I understand that access is designed for educational purposes and that the District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the District to restrict access to all controversial and inappropriate materials. I will hold harmless the District, its employees, agents or Board members, from any harm caused by materials or software obtained via the network. I have discussed the terms of this Authorization with my child. I hereby request that my child be allowed access to the District’s Internet.
 Yes No
4. I give my permission for my child to be photographed and have his/her name accompany photographs *for newsletters and newspaper articles that are published* and/or posted on the newspaper’s website in recognition of individual or class/team awards and accomplishments at the school.
 Yes No
5. I give permission for my child to be photographed and have his/her name accompany photographs *for articles published on the District’s website* in recognition of individual, class, or team awards and accomplishments at school.
 Yes No

Parent Signature:

Date (2019-20 School Year)

Date (2020-21 School Year)

Date (2021-22 School Year)

Date (2022-23 School Year)

Date (2023-24 School Year)

