

Bunker Hill CUSD #8 Student Enrollment Form 2023-24

Student Name: (First Middle, Last) _____ Gender _____ Birthdate _____ Birthplace _____ Grade _____
M F

Physical Address _____

Mailing Address (if different ie PO Box) _____

The following questions are for State reporting purposes:

Student Resides With:

☐ Mom & Dad ☐ Mom ☐ Dad ☐ Grandparent ☐ Foster ☐ Guardian ☐ Homeless/Doubled-up(Explain) _____

Number of Family Members Residing in Your Home: _____

Race (Check all that apply):

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Ethnicity:

☐ No, not Hispanic/ Latino ☐ Yes, Hispanic/Latino Is this child in a single parent household? ☐ Yes ☐ No

Is a language other than English spoken in your home? ☐ Yes ☐ No If your answer was yes, what language is spoken? _____Does your child speak a language other than English? ☐ Yes ☐ No If your answer was yes, what language does he/she speak? _____Is this child's parent/legal guardian a member of the Armed Forces or full time National Guard on active duty? ☐ Yes ☐ No

Child's Mother's Maiden Name: _____

Sibling Name(s)/Grade(s): _____

Parent/Guardian Information

Name/Relationship: _____

Name/Relationship: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Name & Phone: _____

Work Name & Phone: _____

E-mail: _____

E-mail: _____

How do you wish to receive alerts? ☐ Home phone ☐ Cell Phone
☐ E-Mail ☐ Text

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Which parent has legal custody: _____ Is there a Court order, statute, or legally binding document on file? _____

Secondary Parent(s)/Guardian(s) **NOT LISTED ABOVE** Entitled to be contacted and received mailings:

Name/Relationship: _____

Name/Relationship: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Name & Phone: _____

Work Name & Phone: _____

E-mail: _____

E-mail: _____

How do you wish to receive alerts? ☐ Home phone ☐ Cell Phone
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Check if your child has received services for: Reading _____ Math _____ Speech _____ LD _____ BD _____

Has your child been retained? _____ If so, what grade? _____

Emergency Information

List 2 friends or relatives who are authorized to be called to pick up your child incase of illness or injury: (Do not use those listed above.)

Name

Relationship

Phone

Physician Name/Phone Number: _____ Hospital Preference: _____

Allergies/Known Medical Problems: _____

Medications: _____

I certify that the above information is correct and that the student resides in the Bunker Hill CUSD #8 School District. I further agree to access the 2023-24 Student and District Handbooks that are available online at www.bhcusd.org, and I am responsible for reviewing the contents with my child. In case my child needs medical care and I cannot be reached, I authorize ambulance transport to the nearest hospital. I will assume all responsibility and expenses.

Parent Signature: _____

Date: _____