



Ridgeland School District 122
STUDENT REGISTRATION FORM

For Office Use Only	
Student ID:	State ID:
Bus #:	Grade:
Student Inputted By:	Team/ Homeroom:

Date: _____

BASIC INFORMATION

Student's Name: _____
Last First Middle

Date of Birth: _____ Gender: ☐ Male ☐ Female
00/00/0000

Address: _____
Street Apt/ Unit # City State Zip

Does the child currently have another sibling enrolled in the District? ☐ Yes ☐ No

IF YES, NAME OF THE SIBLING(S): _____

YEARLY ENROLLMENT INFORMATION

Grade Level Student will Enter:

<input type="checkbox"/> Kindergarten <input type="checkbox"/> Half Day AM	<input type="checkbox"/> 1 st Grade	<input type="checkbox"/> 2 nd Grade	<input type="checkbox"/> 3 rd Grade	<input type="checkbox"/> 4 th Grade
<input type="checkbox"/> Full Day	<input type="checkbox"/> 5 th Grade	<input type="checkbox"/> 6 th Grade	<input type="checkbox"/> 7 th Grade	<input type="checkbox"/> 8 th Grade

☐ Original Entry into US School ☐ Transfer in from Another District _____

DEMOGRAPHICS

RACE/ETHNICITY

Please read the questions below and answer. Read them fully before you respond.

(For question 1 check (v) the box that best describes your child.)

1.) Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South America, or other Spanish culture or origin, regardless of race.

☐ Yes, Hispanic ☐ No, not Hispanic

2.) Select one or more races from the following five racial groups. Check all that apply to your child. You must check at least one box.

☐ **ASIAN:** A person having origins in any of the original people 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.

☐ **WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

☐ **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.

☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Illinois State Reporting

Country of Birth: _____
(ie. United States, Mexico, Jordan, Poland and etc.)

If Country of Birth is not U.S. or Puerto Rico, please indicate Date First Enrolled in a U.S. School: _____
00/00/0000

General Profile

Mother's Maiden Name: _____
(Last Name Only)

Health

☐ Healthcare/ Medicaid Number: _____
9-Digit Recipient Number as listed on your Medi-Plan Card/Green Card/Public Aid/ Medical Card

☐ Child is covered by private health insurance through a parent/guardian job or workplace.

☐ Child has **NO** health care coverage.

Special Programs

Does your child receive any of the following services? Please check (v) all that apply.

☐ IEP (IDEA) ☐ 504 ☐ ELL/TBE ☐ None

Are you considered homeless? This includes: (1) Any individual/ family who lives with another family or friend. (2) Any individual/family who lacks a fixed, regular, and adequate nighttime place or abode. (3) Anyone living in a shelter, hotel, or motel.

☐ No ☐ Yes If yes, how many years have you been living in this situation? _____

Transportation: ☐ Walker ☐ Bus (if eligible)

Is either parent actively serving in the military? ☐ Yes ☐ No If yes, please indicate. _____

Miscellaneous

Parent's Marital Status: ☐ Never Married (Single) ☐ Married ☐ Legally Separated
☐ Divorced* ☐ Widow

*If divorced, please list custodial parent and provide a copy of the decree.

* Custodial Parent: _____

Student Lives with: ☐ Both Parents ☐ Mother Only ☐ Father Only
☐ Mother/Step-Father ☐ Father/ Step-Mother ☐ Legal Guardian
☐ Foster Parents ☐ Other _____

PARENT/ GUARDIAN CONTACT INFORMATION**FAMILY 1 – PRIMARY**

Same Address as Student

Parent/ Guardian 1☐ Custodial Parent/ Guardian ☐ Non-Custodial Parent/ GuardianRelationship: ☐ Father ☐ Mother ☐ Guardian ☐ Other _____Name: _____
First Last Household Language

() -	Home Phone	() -	Cell Phone
() -	Work Phone	() -	Other

E-mail Address: _____ Family Access/Web ☐ Can Pickup ☐**Parent/ Guardian 2**☐ Custodial Parent/ Guardian ☐ Non-Custodial Parent/ GuardianRelationship: ☐ Father ☐ Mother ☐ Guardian ☐ Other _____Name: _____
First Last

() -	Home Phone	() -	Cell Phone
() -	Work Phone	() -	Other

E-mail Address: _____ Family Access/Web ☐ Can Pickup ☐**FAMILY 2 - SECONDARY**Address: _____
Street Apt/ Unit # City State Zip**Parent/ Guardian 1**☐ Custodial Parent/ Guardian ☐ Non-Custodial Parent/ GuardianRelationship: ☐ Father ☐ Mother ☐ Guardian ☐ Other _____Name: _____
First Last Household Language

() -	Home Phone	() -	Cell Phone
() -	Work Phone	() -	Other

E-mail Address: _____ Family Access/Web ☐ Can Pickup ☐**Parent/ Guardian 2**☐ Custodial Parent/ Guardian ☐ Non-Custodial Parent/ GuardianRelationship: ☐ Father ☐ Mother ☐ Guardian ☐ Other _____Name: _____
First Last

() -	Home Phone	() -	Cell Phone
() -	Work Phone	() -	Other

E-mail Address: _____ Family Access/Web ☐ Can Pickup ☐

Emergency Contact Information

Please Note: If the child you are enrolling currently has a sibling already registered in the District, you may select to have their emergency contacts copied over.

- ☐ Yes, please copy the sibling contacts for my new student.
- ☐ No, please use the below emergency contacts for my new student.
- ☐ Not Applicable

Relationship <small>Aunt/Uncle/Grandmother/Grandfather/Etc.</small>	Name <small>First and Last</small>	Phone Numbers <small>Home/Cell/Work/Phone</small>		Can Pickup <small>Yes/No</small>
	First:	() -	Home	<input type="checkbox"/>
		() -	Cell	
	Last:	() -	Work	
		() -	Other	
	First:	() -	Home	<input type="checkbox"/>
		() -	Cell	
	Last:	() -	Work	
		() -	Other	
	First:	() -	Home	<input type="checkbox"/>
		() -	Cell	
	Last:	() -	Work	
		() -	Other	
	First:	() -	Home	<input type="checkbox"/>
		() -	Cell	
	Last:	() -	Work	
		() -	Other	
	First:	() -	Home	<input type="checkbox"/>
		() -	Cell	
	Last:	() -	Work	
		() -	Other	
	First:	() -	Home	<input type="checkbox"/>
		() -	Cell	
	Last:	() -	Work	
		() -	Other	

MISCELLANEOUS

TRANSLATOR

Do you require a translator when speaking with our District staff? ☐ Yes ☐ No

If yes, what language? ☐ Arabic ☐ Polish ☐ Spanish ☐ Other _____

New Students – Please submit the following documents with this form:

☐ Transfer Forms (if applicable)

☐ Medical Records

☐ Permission to Exchange Form (if applicable)

☐ Certified Copy of Student's Birth Certificate

I certify to the best of my knowledge, the above information is accurate.

Name of Parent or Legal Guardian (Print)

Date

Signature of Parent or Legal Guardian

Please Note: The registration of a student who is not a district resident of Ridgeland School District 122 is a fraudulent act. If a student is fraudulently registered, the student's name will be withdrawn immediately from attendance rolls and a retroactive tuition fee will be charged for the time the student improperly attended. Public Act 89-480 specifies the penalties for fraudulent registration of a student as a Class C misdemeanor with potential penalties of up to 30 days in county jail or a \$1500 fine or one year of probation.