

**TOWNSHIP HIGH SCHOOL DISTRICT 214 ENROLLMENT INFORMATION**

Please complete all information and print clearly.

<b>FOR OFFICE USE ONLY</b>		CURRENT YEAR	8	9	10	11	12	REG BY: _____	BUS RTE: _____
ID#: _____	ENTRY DATE: _____	ENTRY CODE: _____	HMROOM: _____	LOCKER #: _____	CNS: _____				

**SECTION A - STUDENT INFORMATION (OFFICIAL BIRTH NAME)**

NAME: \_\_\_\_\_  
LAST FIRST FULL MIDDLE APPENDAGE

HOME ADDRESS: \_\_\_\_\_  
NUMBER STREET APT # CITY ZIP CODE

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ UNLISTED  STUDENT CELL PHONE: (\_\_\_\_) \_\_\_\_\_ SEX:  M  F

**RACE/ETHNICITY**

Note: If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

**Part A. Is this student Hispanic/Latino?** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) Choose only one.  No, not Hispanic/Latino  Yes, Hispanic/Latino  
 The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.

**Part B. What is the student's race? Choose one or more.**

- 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.)
- Asian** (A person having origins in any of the original peoples 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.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
CITY STATE/COUNTRY

Have you ever been enrolled in a District 214 school? Yes  Year: \_\_\_\_\_ No

NAME OF CURRENT JUNIOR HIGH/MIDDLE SCHOOL OR PREVIOUS HIGH SCHOOL ATTENDED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE/COUNTRY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

School you will attend \_\_\_\_\_

**SECTION B - PARENT/GUARDIAN INFORMATION** Please complete the following information for parents/guardians residing at the same address as the enrolling student.

NAME #1 \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
LAST FIRST MIDDLE

Cell Phone #1: (\_\_\_\_) \_\_\_\_\_ Work Phone #1: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
EXT

NAME #2 \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
LAST FIRST MIDDLE

Cell Phone #1: (\_\_\_\_) \_\_\_\_\_ Work Phone #1: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
EXT

Legal Guardian: Both Parents  Mother Only  Father Only  Other   
 (If Mother Only, Father Only, or Other is checked, give name, explain and provide documentation)

Preferred Mailing Format. Check one: M/M  Mr.  Ms.  Mailing Name: \_\_\_\_\_

**SECTION C - ADDITIONAL PARENT/GUARDIAN INFORMATION** Please complete for parents/guardians residing at a different address as the enrolling student

NAME #1 \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE/COUNTRY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
EXT

E-mail: \_\_\_\_\_ Extra mailings: Yes  No

**SECTION D - EMERGENCY CONTACT INFORMATION (other than parent/guardian)**

NAME #1 \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
LAST FIRST MIDDLE

Phone #1: (\_\_\_\_) \_\_\_\_\_ Home  Work  Cell  Pager   
EXT

NAME #2 \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
LAST FIRST MIDDLE

Phone #2: (\_\_\_\_) \_\_\_\_\_ Home  Work  Cell  Pager   
EXT

**SECTION E - STATE AND FEDERAL REGULATIONS**

**1. TEXTBOOK INFORMATION:** In accordance with Public Act 79-961, I agree for my student to use state owned textbooks loaned to our district. If you agree, please check the box to the right

**HOME LANGUAGE SURVEY:** The Illinois State Board of Education requires schools to determine the language spoken at home by each child. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested

2. Is a language other than English spoken in the home? Yes  No  If yes, what language(s)? \_\_\_\_\_
3. Does your child speak a language other than English? Yes  No  If yes, what language(s)? \_\_\_\_\_
4. Has your child ever received special services? Yes  No  If yes, check the services received Special Ed  504  ESL/Bilingual
5. Has your child attended school in another country? Yes  No  If yes, give the date of your child's enrollment in U.S. schools. \_\_\_\_\_
6. If available, do you want mailings sent home in a language other than English? Yes  No  If yes, what language(s)? \_\_\_\_\_

**Home Language Survey/Release of Records** - I authorize the registrar and school nurse to release all school records to other schools and for previous schools to send all records to District 214 for admission purposes, and certify that the information on the page, including the home language survey, is accurate