

**Township High School District 211
Student Enrollment Form**

Please make any necessary corrections and complete all information on BOTH SIDES of the form

The Student Enrollment form is part of the registration process and a permanent record to be completed by the parent or guardian. Basic information which appears on all school records and information required by the Illinois Student Information System come from the Student Enrollment form. It is, therefore, essential that you provide all of the information requested and that it be as complete and accurate as possible.

INSTRUCTIONS:

- A. Verify the pre-printed information on the Student Enrollment form.
- B. Fill in all blank spaces.
- C. You must include at least one emergency contact.
- D. This form MUST BE SIGNED in order to complete student registration.

Legal Student Name:

Male Female

Grade: _____

Last: _____

Birthdate: _____

ID #: _____

First: _____

Birthplace: _____

Junior High School: _____

Middle: _____

(City, County, State)

If transferring, current high school: _____

Student Nickname: _____

Cell Number: _____

Primary Household Address: _____

Household Phone #: _____ (please include a preferred cell number if there is not a home phone).

Hispanic / Latino: Yes No

Race: American Indian or Alaska Native Asian Black or African American White
Native Hawaiian or other Pacific Islander

Is either parent a member of the military? _____ (Yes / No)

If yes, is deployment anticipated within the next 12 months? _____ (Yes / No)

Home Language: Is a language other than English spoken in your home? Yes No What language? _____

Native Language: Does your child speak a language other than English? Yes No What language? _____

If the country of birth is NOT THE UNITED STATES, please answer the following questions

Date your child entered the U.S.A.? _____ Date in US School _____ Date in Illinois School _____

Has your child ever received ELL or Bilingual assistance? Yes No

Has your child studied English in a country other than the U.S.A.? Yes No

If yes, where? _____ How many years? _____

PARENT/GUARDIAN INFORMATION

Last: _____ First: _____ Middle: _____

Work Phone: _____ Ext: _____ Cell Phone: _____ Relationship: _____

Email Address: _____ Guardian: Contact Priority: _____

Address: _____

City: _____ State: _____ Zip: _____

Continued on next page

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Last: _____ First: _____ Middle: _____

Work Phone: _____ Ext: _____ Cell Phone: _____ Relationship: _____

Email Address: _____ Guardian: Contact Priority: _____

Address: _____

City: _____ State: _____ Zip: _____

STEPARENT INFORMATION

Last: _____ First: _____ Middle: _____

Work Phone: _____ Ext: _____ Cell Phone: _____ Relationship: _____

Email Address: _____ Guardian: Contact Priority: _____

Address: _____

City: _____ State: _____ Zip: _____

Last: _____ First: _____ Middle: _____

Work Phone: _____ Ext: _____ Cell Phone: _____ Relationship: _____

Email Address: _____ Guardian: Contact Priority: _____

Address: _____

City: _____ State: _____ Zip: _____

ADDITIONAL INFORMATION

Is this for the FIRST or ONLY child in your family to attend Township High School District 211? Yes No
If no, list the names of siblings (include step or half) and their current grade level (if currently enrolled).

Last: _____ First: _____ Grade Level: _____

Last: _____ First: _____ Grade Level: _____

Last: _____ First: _____ Grade Level: _____

EMERGENCY CONTACTS

Last: _____ First: _____ Middle: _____

Work Phone: _____ Ext: _____ Cell Phone: _____ Relationship: _____

Gender: _____

Last: _____ First: _____ Middle: _____

Work Phone: _____ Ext: _____ Cell Phone: _____ Relationship: _____

Gender: _____

I understand that Palatine High School and District 211 may contact me at the phone numbers I have provided with the information about school events and emergency situations via automated phone calls and/or automated text messages. If the school is unable to reach a parent in the event my child suffers a serious injury or illness, I authorize the school to take appropriate emergency action which may include ambulance transportation to a nearby medical center.

Parent/Guardian Signature _____

Date _____