



1/2019

Consolidated High School District 230 Registration Form

Office use only: ID# _____ Counselor _____

Student Information

Student Name _____
Last
First
Middle

Birth Date ____/____/____ Gender: Male Female Graduation Year _____
Month
Day
Year

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Primary/Home Phone _____

Ethnicity: Hispanic/Latino Yes No

Federal Race Code:

- | | |
|--|--|
| <input type="checkbox"/> 1 - American Indian or Alaskan Native
<input type="checkbox"/> 2 - Asian
<input type="checkbox"/> 3 - Black or African American | <input type="checkbox"/> 4 - Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> 5 - White |
|--|--|

Student's Birth Country _____ Date arrived in the US ____/____/____
Month
Day
Year

Family Information

Parent/Guardian with whom the student is living: Father Mother Other _____

The student's parents are:

- | | |
|---|--|
| <input type="checkbox"/> Married
<input type="checkbox"/> Divorced
<input type="checkbox"/> Separated | <input type="checkbox"/> Mother deceased
<input type="checkbox"/> Father deceased
<input type="checkbox"/> Other _____ |
|---|--|

If you have other students that attend a District 230 school please provide their name, ID # and grade level:

Name	ID #	grade level	Does this sibling have the same address	
			Yes	No
			Yes	No
			Yes	No
			Yes	No

Is the student a child of U.S. Military Personnel? Yes No

If yes please provide a deployment date if applicable ____/____/____
Month
Day
Year



Custodial Parents (parent(s)/guardian(s) that reside with the student)

Primary Contact #1

Relationship to Student: _____

Name _____ Legal Custody: Yes No
Last First Middle

Address _____ Apt # _____

City _____ State _____ Zip Code _____

email address _____ home phone _____

work phone _____ cell phone _____

Primary Contact #2

Relationship to Student: _____

Name _____ Legal Custody: Yes No
Last First Middle

email address _____ home phone _____

work phone _____ cell phone _____

Optional: Other Custodial Parents (parent(s)/guardian(s) with whom the student does not reside)

Both birth/adoptive parents will have access to records unless our school receives court documentation that indicates otherwise.

Relationship to Student: _____

Name _____ Legal Custody: Yes No
Last First Middle

Address _____ Apt # _____

City _____ State _____ Zip Code _____

email address _____ home phone _____

work phone _____ cell phone _____

Should mailings be sent to non-custodial parent address? Y N

Emergency Information

Please provide contact information for non-custodial parents or other responsible adults that can be contacted in an emergency. Provide name, relationship, and phone number.

Name _____
Last First

Relationship _____ phone _____

Name _____
Last First

Relationship _____ phone _____



School History

Name of school attending or last attended:

- Century Junior High
- Jerling Junior High
- Orland Junior High
- Cardinal Bernadin
- St. Michael

Other

Name: _____

Address: _____

City: _____

Current grade in school 8 9 10 11 12

Does your child currently receive Special Education Services?Y N

Does your child currently have a 504 plan?Y N

Does your child currently receive ELL (English Language Learner) services?Y N

If the answer is yes please provide your student's most recent ACCESS scores.

Does your child currently receive Title I (At Risk) services?Y N

Permissions

Authorized Network Access (6:235)Y N

I acknowledge that I have access to the Authorization for Electronic Network Access policy. 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, for any harm caused by materials or software obtained via the network. I accept full responsibility for supervision if and when my child's use is not in a school setting. I have discussed the terms for this Authorization with my child. I hereby request that my child be allowed access to the District's network.

Distribution of Demographic Information (7:340)

I allow the District to release my student's demographic information to

Military and Institutions of Higher Education.....Y N

District Booster OrganizationsY N

Home Language Survey

The state requires the district 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.

*If the answer to either of the following questions is **YES**, the law requires the school to assess your child's English language proficiency.*

Is a language other than English spoken in your home?Y N

If the answer is yes - what language is spoken in your home? _____

Does your child speak a language other than English?Y N

If the answer is yes - what language does your child speak? _____

Parent/Guardian Signature _____ Date _____

Signature of District employee _____ Date _____