

# BEMENT COMMUNITY UNIT SCHOOL DISTRICT #5 STUDENT ENROLLMENT FORM

School SID #: \_\_\_\_\_ State SID #: \_\_\_\_\_

**PLEASE PRINT**

STUDENT'S NAME: \_\_\_\_\_  
 (As on birth certificate) First Middle Last Goes by

GENDER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ STUDENT'S SOCIAL SECURITY #: \_\_\_\_\_ ENTERING GRADE: \_\_\_\_\_

BIRTH BIRTH BIRTH  
 COUNTRY: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ MOTHER'S MAIDEN NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

STUDENT'S HOME PHONE: \_\_\_\_\_ FIRST ENROLLMENT IN A PUBLIC SCHOOL: **Y N**

**RACE** (Circle all that apply): White American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander

Is this student **Hispanic/Latino**? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin.) **Y N**

**HOME LANGUAGE** \_\_\_\_\_ Does anyone in the home speak a language other than English? **Y N** What Language? \_\_\_\_\_

Does your child speak a language other than English? **Y N** What Language? \_\_\_\_\_

Does the child's Parent/Guardian serve in the military, including National Guard or Reserves? **Y N**

Is the parent/guardian currently on active duty or expect to be deployed this year? **Y N**

Has a parent/guardian returned from deployment in the last 6 months? **Y N**

**PARENT/GUARDIAN #1 INFORMATION:**

NAME OF PARENT OR GUARDIAN: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
 NOTE: IF STUDENT LIVES WITH A LEGAL GUARDIAN, APPROPRIATE PROOF OF GUARDIANSHIP IS REQUIRED.

GUARDIAN CELL PHONE: \_\_\_\_\_ PLACE OF EMPLOYMENT: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ ext: \_\_\_\_\_

PARENT/GUARDIAN E-MAIL ADDRESS(S): \_\_\_\_\_

Family Member: **Y N** Emergency: **Y N** Custodian: **Y N** Pickup: **Y N** Receives Mailings: **Y N**

**PARENT/GUARDIAN #2 INFORMATION:**

NAME OF PARENT OR GUARDIAN: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS If different from student's home address: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

GUARDIAN CELL PHONE: \_\_\_\_\_ PLACE OF EMPLOYMENT: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ ext: \_\_\_\_\_

PARENT/GUARDIAN E-MAIL ADDRESS(S): \_\_\_\_\_

Family Member: **Y N** Emergency: **Y N** Custodian: **Y N** Pickup: **Y N** Receives Mailings: **Y N**

**\*\* MUST COMPLETE \*\* EMERGENCY NUMBER (OTHER THAN HOME) – PARENT WILL BE NOTIFIED FIRST, IF POSSIBLE**

EMERGENCY CONTACT #1: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_ WORK/CELL# \_\_\_\_\_  
 Has permission to Pick-up: **Y N**

EMERGENCY CONTACT #2: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_ WORK/CELL# \_\_\_\_\_  
 Has permission to Pick-up: **Y N**

# BEMENT COMMUNITY UNIT SCHOOL DISTRICT #5 STUDENT ENROLLMENT FORM

STUDENT NAME: \_\_\_\_\_

LIST ALL OF THIS CHILD'S MEDICAL PROBLEMS, CONCERNS AND/OR ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIST ALL MEDICATIONS YOUR CHILD IS TAKING: \_\_\_\_\_

\_\_\_\_\_

THIS CHILD WILL TAKE MEDICATION DURING THE SCHOOL DAY:    Y    N

<b>CIRCLE IF ANY OF THE FOLLOWING CURRENTLY APPLY TO THIS CHILD:</b>	504 PLAN	IEP	SPEECH
WEARS HEARING AID	WEARS GLASSES	IS LEFT-HANDED	MEDICAL EMERGENCY ACTION PLAN

PLEASE LIST OTHER CHILDREN LIVING IN THE HOUSEHOLD BESIDES THE STUDENT.

LAST NAME	FIRST NAME	BIRTHDATE	GENDER	FOSTER CHILD	SCHOOL THEY ATTEND

\_\_\_\_\_  
FORM COMPLETED BY / SIGNATURE

\_\_\_\_\_  
RELATIONSHIP TO STUDENT

\_\_\_\_\_  
TODAY'S DATE

**FOR OFFICE USE ONLY – DO NOT FILL IN THIS BOX**

SCHOOL: ELEM   MS	HRM: _____	BIRTH CERTIFICATE: YES or NO	IMMUNIZATIONS: YES or NO
PHYSICAL: YES or NO	VISION EXAM: YES or NO	DENTAL EXAM: YES or NO	
FEES PAID: YES or NO	APPLIED FOR FEE WAIVER: YES or NO	FREE/REDUCED FORM: YES or NO	
		DIRECT CERTIFIED: YES or NO	