



ENROLLMENT FORM
2016-17 School Year

This is a mandatory form for enrollment and must be completed each school year.

For Office Use Only:

Student UIC _____ Teacher _____
Original Enroll Date _____ Bus Color _____
Bus Stop _____

Student Information

Child's Legal Name _____ Male Female

Last First Middle

Birth Date _____ Birthplace (Country) _____ Entering grade _____
mm/dd/yyyy

Address _____
House # Street Apt/Unit# City Zip Code

Home Phone _____ Cell phone _____

Previous School Attended _____
Name City, State

Does your child receive Special Education services? Yes No Speech Services? Yes No

Ethnicity (choose one): Hispanic or Latino Not Hispanic or Latino

Race - Please choose all that apply (for state purposes only):

American Indian/Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Language

1. Is your child's native language a language other than English? Yes No If yes, what _____

2. Is the primary language in your child's home environment a language other than English? Yes No
If yes, what _____

Family Information

Parent/Guardian #1

Name _____ Relationship _____
Last First Middle

Address if different from listed above) _____
House # Street Apt/Unit# City Zip Code

Email Address _____ Work Phone _____ Cell Phone _____

Parent/Guardian #2

Name _____ Relationship _____
Last First Middle

Address (if different from listed above) _____
House # Street Apt/Unit# City Zip Code

Email Address _____ Work Phone _____ Cell Phone _____

