

West Aurora School District 129 STUDENT ENROLLMENT FORM



PARENT E-MAIL: _____

OFFICE USE ONLY

ID # _____ STATE ID# _____
 SCHOOL _____
 GRADE _____ HOMEROOM _____
 ACADEMIC YEAR _____
 BLOCK CODE _____ HOUSE NO. _____

| STUDENT NAME | STUDENT ADDRESS |
|---------------|------------------------------|
| LAST: _____ | ADDRESS: _____ |
| FIRST: _____ | _____ |
| MIDDLE: _____ | CITY: _____ |
| | STATE: _____ ZIP CODE: _____ |

HOME PHONE: _____ SSN: _____ - _____ - _____
 BIRTHDATE: _____ GENDER: MALE _____ FEMALE _____
 ETHNICITY: **(Please circle one)** NATIVE AMERICAN AFRICAN AMERICAN CAUCASIAN HISPANIC ORIENTAL/ASIAN MULTI
 STUDENT RESIDES WITH: **(Please circle one)** BOTH PARENTS MOTHER FATHER STEP-PARENT GUARDIAN OTHER

BIRTH VERIFICATION

CITY: _____ STATE: _____ COUNTY: _____ DATE STUDENT ENTERED U.S. SCHOOL: _____
 FIRST YEAR IN U.S. SCHOOLS? YES OR NO NUMBER YEARS COMPLETED IN U.S. SCHOOL: _____
 If YES, from what country entered? _____ DOCUMENTATION: _____
(BIRTH CERTIFICATE, NATURALIZATION PAPER, PASSPORT, ALIEN REGISTRATION)
 WHAT COUNTRY STUDENT BORN: _____ LANGUAGE SPOKEN AT HOME: _____

PARENT/GUARDIAN

FATHER/GUARDIAN: _____ HOME PHONE #: _____
 LAST NAME: _____ WORK PHONE #: _____
 FIRST NAME: _____ CELL PHONE #: _____
(COMPLETE IF DIFFERENT FROM STUDENT)
 ADDRESS: _____
 CITY: _____
 STATE: _____ ZIP CODE: _____ MAILING NAME: _____

MOTHER/GUARDIAN: _____ HOME PHONE #: _____
 LAST NAME: _____ WORK PHONE #: _____
 FIRST NAME: _____ CELL PHONE #: _____
(COMPLETE IF DIFFERENT FROM STUDENT)
 ADDRESS: _____
 CITY: _____
 STATE: _____ ZIP CODE: _____

EMERGENCY CONTACT(S) OTHER THAN PARENT/GUARDIAN

RELATIONSHIP TO STUDENT: _____ HOME PHONE #: _____
 LAST NAME: _____ WORK PHONE #: _____
 FIRST NAME: _____ CELL PHONE #: _____
 DAYCARE/BABYSITTER NAME: _____ DAYCARE/BABYSITTER PHONE #: _____

RELATIONSHIP TO STUDENT: _____ HOME PHONE #: _____
 LAST NAME: _____ WORK PHONE #: _____
 FIRST NAME: _____ CELL PHONE #: _____
 DAYCARE/BABYSITTER NAME: _____ DAYCARE/BABYSITTER PHONE #: _____

VISION — WEARS GLASSES/CONTACTS: YES NO HEARING — WEARS HEARING AID: YES NO
DOCTOR'S NAME: _____ **PHONE #:** _____ **DENTIST'S NAME:** _____ **PHONE#:** _____
REGULAR MEDICATION: YES NO NAME OF MEDICATION: _____
SEIZURES: YES NO EXPLAIN, PLEASE: _____
OTHER HEALTH PROBLEMS, ESPECIALLY THOSE WHICH REQUIRE RESTRICTED ACTIVITY OR SPECIAL ATTENTION: _____

SPECIAL SERVICES RECEIVED

(SPECIAL EDUCATION, SPEECH, GIFTED, ETC.): PLEASE BE SPECIFIC _____

SCHOOL LAST ATTENDED: _____ HAS STUDENT BEEN ENROLLED IN DISTRICT 129 BEFORE?

OTHER CHILDREN IN THE FAMILY: _____ IF SO, WHAT SCHOOL? _____

| NAME | BIRTHDATE | GRADE | SCHOOL |
|------|-----------|-------|--------|
|------|-----------|-------|--------|

OTHER PERSONS LIVING IN THE RESIDENCE: _____

RELATIONSHIP TO STUDENT: _____

THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE OF PARENT OR GUARDIAN

DATE

TO BE COMPLETED BY OFFICE PERSONNEL

ENTRANCE DATE: _____ CODE: _____ YEAR IN SCHOOL: _____

HOME ROOM: _____ ADVISOR: _____

TEAM CODE: _____ COUNSELOR: _____

LUNCH STATUS

CODE: _____ START DATE: _____ END DATE: _____

LOCKER INFORMATION

CODE: _____ COMBINATION: _____ LOCATION: _____