

Woodstock Community Unit School District #200

Student Registration Form

Please check one:

Elementary Schools

- Verda Dierzen Early Learning Center
- Dean Street Elementary School
- Greenwood Elementary School
- Mary Endres Elementary School
- Olson Elementary School
- Prairiewood Elementary School
- Westwood Elementary School
- Clay Academy

Middle Schools

- Northwood Middle School
- Creekside Middle School
- Clay Academy

High Schools

- Woodstock High School
- Woodstock North High School
- Clay Academy



For Office Use Only:

Start Date _____	Transportation _____
Grade Level _____	Scheduling _____
AP/Counselor _____	AP Sect. _____
Entered in Comp. _____	Food Service _____
Student ID # _____	L.R.C. _____

FEE PAYMENT (check one of the following): Check/Cash Online Payment Payment Arrangements Made

Has your child previously enrolled in a District #200 School? Yes No **School Name:** _____

Current Grade Level: _____

Student Name: _____

Legal Last Name	Legal First Name	Middle	Preferred/Nickname
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Date of Birth: _____ / _____ / _____ **Birthplace:** _____

Month	Day	Year	City	State	Country
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Gender: Female Male **Student Social Security Number:** (Optional) _____

Student's Home Address: _____

Street	Apartment	City	Zip
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Type of Housing: Own or rent at above address Living with friends/relatives at above address

Custody of this child is held by:

- Both Parents, same household
- Both Parents, different household
- Mother has sole custody
- Father has sole custody
- Court ordered legal guardian
- Foster Care
- DCFS
- Other _____
(Please describe)

****Please note: If you checked anything other than "Both Parents," you must file documentation with the school stating the custody arrangements.**

Parent/Guardian Information 1:

Child Lives with this Guardian Yes No

Relationship to student _____

Last Name First Middle

Address: Check if address and phone are the same as the student

Street, City, State, Zip (if different from student)

Home Phone _____

Phone # to be used for Connect-ED messaging service: _____

Work Phone _____ Cell Phone _____

Employer _____

Email address: _____

Primary Language _____

Translation Needed Yes No

Parent/Guardian Information 2:

Child Lives with this Guardian Yes No

Relationship to student _____

Last Name First Middle

Address: Check if address and phone are the same as the student

Street, City, State, Zip (if different from student)

Home Phone _____

Phone # to be used for Connect-ED messaging service: _____

Work Phone _____ Cell Phone _____

Employer _____

Email address: _____

Primary Language _____

Translation Needed Yes No

Emergency Information

(Please provide at least two emergency contacts)

Emergency Contact 1 (OTHER THAN PARENT/GUARDIAN)

Emergency Contact 2 (OTHER THAN PARENT/GUARDIAN)

Last Name First Middle

Last Name First Middle

Address: _____

Address: _____

Street, City, State, Zip _____

Street, City, State, Zip _____

Relationship to student _____

Relationship to student _____

Home Phone _____ Work Phone _____

Home Phone _____ Work Phone _____

Cell Phone _____

Cell Phone _____

Additional contact information can be entered on page 3.

Sibling Information (Please list the names of other brothers and/or sisters and ages.)

Child's Name	Birth Date

Previous School Information

Last School(s) Attended _____

Name of School/PreSchool	School Address	Grade

What grade levels has your child completed in a school within the USA? (Circle all that apply) PK K 1 2 3 4 5 6 7 8 9 10 11 12

What grade levels has your child completed in a school outside the USA? (Circle all that apply) PK K 1 2 3 4 5 6 7 8 9 10 11 12

Did you child participate in any special education or other special programs? Yes No

If yes, please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Speech and Language * | <input type="checkbox"/> ESL or Bilingual Program |
| <input type="checkbox"/> Learning Disabilities * | <input type="checkbox"/> Gifted and Talented Program |
| <input type="checkbox"/> Other Special Education program * | <input type="checkbox"/> Honors/Advanced Placement |
| <input type="checkbox"/> 504 Accommodation Plan * | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Reading Support (Title1, Reading Recovery, Chapter 1) | |

** Please bring in copy of IEP/504 Plan as soon as possible to insure your child's appropriate educational placement*

Please provide any additional information below that you feel would be helpful in providing your child with an appropriate educational placement.

Verification Signature

I verify that the above information is correct. I will notify the school promptly should any of this information change.

Parent/Guardian Signature

Date

Additional Contacts: (Please complete the following if you wish to give the school additional emergency contacts)

Emergency Contact 3 (OTHER THAN PARENT/GUARDIAN)

Last Name First Middle

Address:

Street, City, State, Zip

Relationship to student _____

Home Phone _____ Work Phone _____

Cell Phone _____

Emergency Contact 4 (OTHER THAN PARENT/GUARDIAN)

Last Name First Middle

Address:

Street, City, State, Zip

Relationship to student _____

Home Phone _____ Work Phone _____

Cell Phone _____

Emergency Contact 5 (OTHER THAN PARENT/GUARDIAN)

Last Name First Middle

Address:

Street, City, State, Zip

Relationship to student _____

Home Phone _____ Work Phone _____

Cell Phone _____

Emergency Contact 6 (OTHER THAN PARENT/GUARDIAN)

Last Name First Middle

Address:

Street, City, State, Zip

Relationship to student _____

Home Phone _____ Work Phone _____

Cell Phone _____