

**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

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_                      **Birthplace:** \_\_\_\_\_

Month      Day      Year                      City                      State                      Country

**Gender:**  Female  Male      **Student Social Security Number:** (Optional) \_\_\_\_\_

**Student's Home Address:** \_\_\_\_\_

Street                      Apartment                      City                      Zip

**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.**

**Mother/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

**Father/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 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 \_\_\_\_\_