Central Community Unit School
District #301
New Student Registration

Office Use Only
ID#_____
School_____
Start Date_____
Res Date_____

Student Last Name | Student First Name | Middle Name

Grade | Date of Birth | Gender | Birthplace (City/State/Country)

Home Address | City | State | Zip

Mailing Address if different than above | City | State | Zip

Parent/Guardian's Name | Home Phone # | listed or unlisted

Ethnic Codes: *circle one* A - Asian I - Indian B - Black H - Hispanic W - White - non Hispanic P - Pacific Islander F - Filipino
M - Multiracial

Student has an active IEP and receives Special Education Services Yes No

Student has received Special Education Servcies in the past but does not have an active IEP. Yes No

Student has participated in Gifted (exceptional talent) programs Yes No

Medical Information: Please complete the Health Service Survey as well as the following:

Allergies | Medications | Medical Conditions

Physician Name | Physician Phone #

Emergency Contacts: 1 | 2
Other than parents Name | Phone | Name | Phone

Parent/Guardian Information *see below
Relationship Code: 01 Mother 02 Father 03 Step Mother 04 Step Father 05 Foster Mother 06 Foster Father 07 Guardian 08 Other

Last Name | First Name | Resides with Student | Relationship Code | Cell Phone #

Employer | Work Phone | email address

Last Name | First Name | Resides with Student | Relationship Code | Cell Phone #

Employer | Work Phone | email address

Last Name | First Name | Resides with Student | Relationship Code | Cell Phone #

Employer | Work Phone | email address

If parent not living with student requests information to be mailed to him/her please complete following:

Name & Complete Mailing Address | Phone

If neither the parents nor the physician can be contacted in case of serious injury or illness, I authorize the school to take such emergency actions as may be deemed necessary, including the transporation of the student to the hospital. Further, I do hereby authorize the treatment by a qualified and licensed medical doctor of my child in the event of a medical emergency which, in the opinion of the attending physician, may endander his/her life, causing disfigurement, physical impairment or undue discomfort if delayed.
This authority is granted only after reasonable effort has been made to reach me.

Print Parent/Guardian Name | Signature | Date

Print Parent/Guardian Name | Signature | Date

White - School, Yellow Transportation