

## DECATUR PUBLIC SCHOOL DISTRICT #61 STUDENT ENROLLMENT FORM

**PLEASE PRINT**

**STUDENT'S NAME:**

(As on birth certificate) First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**GENDER:** \_\_\_\_\_ **RACE:** \_\_\_\_\_ **LANGUAGE:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_ **ENTERING GRADE:** \_\_\_\_\_

**LIST OTHER ADULTS  
LIVING IN HOME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_  
NOTE: STUDENT MUST LIVE IN DPS #61 DISTRICT WITH A PARENT OR LEGAL GUARDIAN. PROOF OF ADDRESS IS REQUIRED.

**STUDENT'S HOME PHONE:** \_\_\_\_\_ **E-MAIL ADDRESS:** \_\_\_\_\_ **BIRTH PLACE:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_  
**\*\*TRANSPORTATION ADDRESS WILL BE THE HOME, UNLESS GRANDFATHERED UNDER THE OLD BABYSITTER POLICY OR ATTENDING A MAGNET SCHOOL, AND MUST BE AT LEAST 1.5 MILES AWAY FROM THE SCHOOL**

**GUARDIAN #1 INFORMATION:**

**NAME OF PARENT OR GUARDIAN:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
NOTE: IF STUDENT LIVES WITH A LEGAL GUARDIAN, APPROPRIATE PROOF OF GUARDIANSHIP WILL BE REQUIRED.

**GUARDIAN CELL PHONE:** \_\_\_\_\_ **PLACE OF EMPLOYMENT:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_ **ext:** \_\_\_\_\_

**PARENT/GUARDIAN E-MAIL ADDRESS(S):** \_\_\_\_\_

**GUARDIAN #2 INFORMATION:**

**NAME OF PARENT OR GUARDIAN:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**ADDRESS (If different from student's home address):** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**GUARDIAN CELL PHONE:** \_\_\_\_\_ **PLACE OF EMPLOYMENT:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_ **ext:** \_\_\_\_\_

**PARENT/GUARDIAN E-MAIL ADDRESS(S):** \_\_\_\_\_

**\*\*MUST COMPLETE\*\*** EMERGENCY NUMBER (OTHER THAN HOME) – PARENT WILL BE NOTIFIED FIRST, IF POSSIBLE.  
**EMERGENCY CONTACT #1:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_ **CELL #:** \_\_\_\_\_  
**EMERGENCY CONTACT #2:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_ **CELL #:** \_\_\_\_\_

**THE STUDENT CURRENTLY HAS: (CIRCLE IF APPLICABLE):**      504 PLAN      IEP      BEHAVIOR PLAN      ILP

**DOES THE CHILD'S PARENT OR GUARDIAN SERVE IN THE MILITARY, INCLUDING NATIONAL GUARD OR RESERVE?**      YES      NO  
**IS THE PARENT OR GUARDIAN CURRENTLY SERVING ON ACTIVE DUTY OR EXPECT TO BE DEPLOYED THIS YEAR?**      YES      NO  
**HAS A PARENT OR GUARDIAN RETURNED FROM DEPLOYMENT IN THE PAST SIX (6) MONTHS?**      YES      NO

**FOR OFFICE USE ONLY – DO NOT FILL IN THIS BOX**

**SCHOOL:** \_\_\_\_\_ **STU ID#:** \_\_\_\_\_ **HRM #:** \_\_\_\_\_ **FEES PAID:** \_\_\_\_\_ **FREE/REDUCED FORM:** \_\_\_\_\_  
**ADDRESS VERIFICATION:** YES or NO      **BIRTH CERTIFICATE:** YES or NO

CONTINUE TO PAGE -2-

## DECATUR PUBLIC SCHOOL DISTRICT #61 STUDENT ENROLLMENT FORM

(If entering from out of District 61)

<p>LAST SCHOOL ATTENDED _____</p> <p>ADDRESS _____</p> <p>CITY/STATE/ZIP _____</p> <p>PHONE _____ FAX _____</p>	<p>HAS STUDENT EVER ATTENDED A DECATUR PUBLIC SCHOOL?      YES      NO</p> <p>IF YES, NAME OF LAST DECATUR SCHOOL _____</p>
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(HIGH SCHOOL ONLY) ARE YOU PLANNING TO PARTICIPATE IN AN IHSA SANCTIONED ACTIVITY (IE SPORTS, SHOW CHOIR, STUDENT COUNCIL, CHEERLEADING, ETC.) AT A DISTRICT #61 SCHOOL?      YES      NO

IF "YES" – MUST BE LIVING WITHIN YOUR SCHOOL BOUNDARY AND WITH PARENT OR LEGAL GUARDIAN TO BE ELIGIBLE.

PLEASE LIST OTHER CHILDREN LIVING IN THE HOME INCLUDING STUDENT. PLEASE LIST OLDEST TO YOUNGEST.

LAST NAME	FIRST NAME	BIRTHDATE	INDICATE IF FOSTER CHILD	SCHOOL THEY ATTEND

SIGNATURE OF PERSON GIVING ABOVE INFORMATION \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_      TODAY'S DATE \_\_\_\_\_

**FOR OFFICE USE ONLY  
DO NOT WRITE BELOW THIS LINE**

REGISTRATION INFORMATION	ROUTING SHEET
<p>COUNSELOR # _____ HOMEROOM _____ GRADE _____</p> <p>ENTRY CODE _____ SP ED CODE _____ BILINGUAL CODE _____</p> <p>RACE CODE _____ HOMELESS _____ CURRICULUM CODE _____</p> <p>ENROLLMENT DATE _____</p>	<p>CUM FOLDER _____ MEDICAL _____ COUNS CARD _____ BULLETIN _____ ENTRY SLIP _____</p> <p>CENSUS _____ ACCESS _____ Routed _____ TRNSFR GRD _____ INITIAL &amp; DATE _____</p> <p>REC. REQ. _____ IN BOOK _____ HR LIST _____ IN PENT. _____ PRC _____ PRIN. CONCUR _____</p>

STUDENT HAS SELECTED ACADEMY #: \_\_\_\_\_ COUNSELOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ BIRTH CERTIFICATE: \_\_\_\_\_ BRIGANCE: \_\_\_\_\_ VERIFIED: \_\_\_\_\_