

DECATUR PUBLIC SCHOOL DISTRICT #61 STUDENT ENROLLMENT FORM

PLEASE PRINT			
STUDENT'S NAME: _____			
<small>(As on birth certificate) First Middle Last</small>			
GENDER: _____	RACE: _____	LANGUAGE: _____	BIRTHDATE: _____
			ENTERING GRADE: _____
HOME ADDRESS: _____			ZIP CODE: _____
<small>NOTE: STUDENT MUST LIVE IN DPS #61 DISTRICT WITH A PARENT OR LEGAL GUARDIAN. PROOF OF ADDRESS IS REQUIRED.</small>			
STUDENT'S HOME PHONE: _____	BIRTH COUNTRY: _____	BIRTH CITY: _____	BIRTH STATE: _____
MAILING ADDRESS: _____			ZIP CODE: _____
TRANSPORTATION PICK UP ADDRESS: _____		TRANSPORTATION DROP OFF ADDRESS: _____	
<small>**TRANSPORTATION ADDRESS WILL BE THE HOME ADDRESS, UNLESS GRANDFATHERED UNDER THE OLD BABYSITTER POLICY OR ATTENDING A MAGNET SCHOOL OR BABYSITTER LIVES WITHIN HOME SCHOOL BOUNDARY, AND MUST BE AT LEAST 1.5 MILES AWAY FROM THE SCHOOL.** THE BABYSITTER PORTION OF THIS STATEMENT ONLY PERTAINS TO STUDENTS IN THE GRADE LEVELS 6TH AND UNDER.</small>			
GUARDIAN #1 INFORMATION:			
NAME OF PARENT OR GUARDIAN: _____		RELATIONSHIP: _____	
<small>NOTE: IF STUDENT LIVES WITH A LEGAL GUARDIAN, APPROPRIATE PROOF OF GUARDIANSHIP WILL BE REQUIRED.</small>			
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			
<small>EMERGENCY NUMBER (OTHER THAN HOME) – PARENT WILL BE NOTIFIED FIRST, IF POSSIBLE.</small>			
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
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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-

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STU NAME: _____	STU ID: _____
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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

(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.	
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DID YOUR STUDENT ATTEND A SCHOOL OUTSIDE OF DECATUR PUBLIC SCHOOLS LAST YEAR? IF YES, PLEASE FILL IN THIS INFORMATION. IF NO, PLEASE SKIP TO THE SIGNATURE LINE.

LAST SCHOOL ATTENDED _____ ADDRESS _____ CITY/STATE/ZIP _____ PHONE _____ FAX _____	HAS STUDENT EVER ATTENDED A DECATUR PUBLIC SCHOOL? YES _____ NO _____ IF YES, NAME OF LAST DECATUR SCHOOL _____
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SIGNATURE OF PARENT OR LEGAL GUARDIAN _____	RELATIONSHIP TO STUDENT _____	TODAYS DATE _____
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