

New Students Only

# Benjamin SCHOOL DISTRICT 25

28W250 St. Charles Road, West Chicago, Illinois 60185

Grade/Homeroom \_\_\_\_\_

I.D. # \_\_\_\_\_

## ENROLLMENT FORM

Student Name \_\_\_\_\_  
Last First Middle

Street Address City State Zip

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Cell Phone (Dad's) \_\_\_\_\_ Cell Phone (Mom's) \_\_\_\_\_

Sex:  Male  Female Birth Date \_\_\_\_\_

Place of Birth \_\_\_\_\_ Birth Certificate # \_\_\_\_\_

(City, State, and/or County) Verified by Birth Certificate  Yes  No

Race/Ethnicity (please check one)  Hispanic or Latino (11)  American Indian or Alaska Native (12)  
 Asian (13)  Black or African American (14)  Native Hawaiian or other Pacific Islander (15)  
 White (16)  Two or More Races (17)

Does child have any physical disabilities?  Yes  No. If yes, explain \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Place of Employment \_\_\_\_\_ Place of Employment \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

U. S. Citizen?  Yes  No

U. S. Citizen?  Yes  No

Father's Education: Elementary \_\_\_\_ Years High School \_\_\_\_ Years College \_\_\_\_ Years

Mother's Education: Elementary \_\_\_\_ Years High School \_\_\_\_ Years College \_\_\_\_ Years

Status of Parents:  Single  Married  Separated  Divorced

Father Remarried  Mother Remarried  Father Deceased  Mother Deceased

Who does the Child live with?  (1) Both Parents  (2) Mother  (3) Father  (4) Legal Guardian

(5) Other (name) \_\_\_\_\_

List brothers/sisters in order of birth dates: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

Is a language other than English spoken in your home?  Yes  No

What language? \_\_\_\_\_

Does your child speak a language other than English?  Yes  No

What language? \_\_\_\_\_

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

**OVER \***

**ENROLLMENT FORM**

**Schools Previously Attended:**

<u>Name of School, City, State</u>	<u>Grade(s)</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has child been in any special education programs or received any special support at his/her previous school(s)?

Yes  No. If yes, explain \_\_\_\_\_

\_\_\_\_\_

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**Release Of Medical Information/Parental Authorization:**

Please list any pertinent medical information about your child. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medicaid # (if applicable): \_\_\_\_\_

In case of illness or non-medical emergency, I authorize the school to release my child to the following two local neighbors:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your Doctor: \_\_\_\_\_ Phone Number \_\_\_\_\_

If your child goes to a babysitter or daycare provider before or after school, please provide the following:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

In the event my child becomes ill or is injured at school requiring medical care and I cannot be reached, you have my permission to obtain medical assistance from a nearby physician or local hospital.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Parent/Guardian's Name

\_\_\_\_\_  
Child or Ward's Name