NEW STUDENT REGISTRATION FORM

Student's Legal Name**

_____
(Last)   (First)   (Middle)   (Name Student Goes By)

Date of Birth _____ Place of Birth (City, State)_____

Social Security # or State ID # _____ Grade _____ Gender: ____Male ___Female

Student's Address:

_____
                                    (City)   (State)   (Zip)

Household Mailing Address (if PO Box is used) _____
                                                                      (City)   (State)   (ZIP)

Person Enrolling Student: _____Relationship (if not listed below): _____

Household Parent/Guardian Information: (Copy Licenses for File) Parent/Guardian

Parent/Guardian #1: _____

Relationship to Student: _____ Phone of Residence (P/G #1) _____

Cell Phone P/G #1 _____ Work Phone P/G #1 _____

Driver's License # _____ Issuing State _____

Email of P/G #1 _____

Parent/Guardian #2: _____

Relationship to Student: _____ Phone of Residence (P/G #2) _____

Cell Phone P/G #2 _____ Work Phone P/G #2 _____

Driver's License # _____ Issuing State _____

Email of P/G #2 _____

Emergency Contact Information:

Emergency Contact
#1_____
   (Name)   (Phone)   (Other Phone)   (Relationship to Student)

#2_____
   (Name)   (Phone)   (Other Phone)   (Relationship to Student)

Additional Student Information:

_____
(Name of School & District)   (Grade Retained) All Schools Previously Attended:

_____
_____ (Name of School and District)   (Grade) (From/Until)
(City)   (State)

_____
_____ (Name of School and District)   (Grade) (From/Until)
(City)   (State)
Indicate if the student has been previously enrolled in the following programs/services:

_____ Special Education   Campus _____ Years _____ ____

Gifted/Talented Education Campus _____ Years _____ ____ 504

Years _____ ____   Title 1 Services   Years _____ ____

Dyslexia_____   Bilingual/ESL _____

Other Household Members Enrolled in SMCA:

_____
(Name)   (Age)   (Relationship to Student)
_____
(Name)   (Age)   (Relationship to Student)
_____
(Name)   (Age)   (Relationship to Student)

 (Signature of Person Enrolling Student)   (Date)

_____   _____

**SMCA is required by the State of Illinois to use the student's legal name as it appears on the student's official birth certificate.

OFFICE USE ONLY: Entry date _____ Entry Code _____

 Local ID# _____ Fed Race/Ethnicity Form Received _____

Request for Records _____/_____ Received _____

 Immunization Records _____