

The Student Enrollment form is part of the registration process and a permanent record to be completed by the parent or guardian. Basic information which appears on all school records and information required by the Illinois Student Information System come from the Student Enrollment form. It is, therefore, essential that you provide all of the information requested and that it be as complete and accurate as possible.

INSTRUCTIONS:

- A. Verify the pre-printed information on the Student Enrollment form.
- B. Fill in all blank spaces.
- C. You must include at least one emergency contact.
- D. This form MUST BE SIGNED in order to complete student registration.

Legal Student Name:

Male      Female

Grade: \_\_\_\_\_

Last: \_\_\_\_\_

Birthdate: \_\_\_\_\_

ID #: \_\_\_\_\_

First: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Juni or High School :  
\_\_\_\_\_

Middle: \_\_\_\_\_

(City, County, State)

If transferring, current high school:  
\_\_\_\_\_

Student Nickname: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Primary Household Address: \_\_\_\_\_

Household Phone #: \_\_\_\_\_ (please include a preferred cell number if there is not a home phone).

Hispanic / Latino: Yes      No

Race: American Indian or Alaska Native      Asian      Black or African American      White

Township High School District 211  
Student Enrollment Form

Please make any necessary corrections and complete all information on BOTH SIDES of the form

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Guardian: \_\_\_\_\_ Contact Priority: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

STEP PARENT INFORMATION

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Guardian: \_\_\_\_\_ Contact Priority: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Guardian: \_\_\_\_\_ Contact Priority: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ADDITIONAL INFORMATION

Is this for the FIRST or ONLY child in your family to attend Township High School District 211? Yes No  
If no, list the names of siblings (include step or half) and their current grade level (if currently enrolled).

Last: \_\_\_\_\_ First: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
Last: \_\_\_\_\_ First: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
Last: \_\_\_\_\_ First: \_\_\_\_\_ Grade Level: \_\_\_\_\_

EMERGENCY CONTACTS

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Gender: \_\_\_\_\_

I understand that James B. Conant High School and District 211 may contact me at the phone numbers I have provided with the information about school events and emergency situations via automated phone calls and/or automated text messages. If the school is unable to reach a parent in the event my child suffers a serious injury or illness, I authorize the school to take appropriate emergency action which may include ambulance transportation to a nearby medical center.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_