

MILLSTADT CONSOLIDATED SCHOOL

NEW STUDENT INFORMATION

GRADE/HR: _____ SCHOOL YEAR: _____
(Please print)

LAST NAME: _____

FIRST NAME: _____

MIDDLE: _____

SS#:

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| | | |
|--|--|--|

 DATE OF BIRTH:

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|--|--|--|
| | | |
|--|--|--|

RACE: _____ GENDER: M: _____ F: _____

ADDRESS: _____
 _____ (street) _____ (city) _____ (zip)

HOME PHONE #: () _____

CELL PHONE #: Mother: _____ Father: _____

Email Address: _____

Name of Mother or Legal Guardian: _____

Address: _____

Occupation: _____ Federally Employed: Yes _____ No _____

Employer: _____ Phone #: () _____

Name of Father or Legal Guardian: _____

Address: _____

Occupation: _____ Federally Employed: Yes _____ No _____

Employer: _____ Phone #: () _____

Parent(s) are a member of a branch of the Armed Forces? If so, (please list) *(optional)* _____

Future deployment date Indicated: _____

Status of Parents or Legal Guardians: Married: _____ Separated: _____ Divorced: _____

Child Living with: Parents: _____ Mother: _____ Father: _____ Legal Guardian: _____ Other: _____

EMERGENCY CONTACT: If student should get ill, in the event parents cannot be reached, call the following:

| Name | Relationship to Student | Emergency Phone Number |
|------|-------------------------|------------------------|
| | | |
| | | |
| | | |

If a language other than English is spoken in the home, what is the language: _____

Does the student speak a language other than English? Yes: _____ No: _____

If Yes, what is the language? _____

Please list names and birth dates of **all** other children living in your home:

The State of Illinois furnishes, on a loan basis, some of the textbooks used in the various classrooms. (Public Act 79-961 OF 1975) Do we have your permission to let your child use these textbooks? YES NO
 My child has permission to go on Field Trips with the students and teachers of Millstadt Grade School District #160, as designated by the School. (Parents will be notified of such designated Field Trips) YES NO

If student is going to a sitter or address other than home - please list:
 Name: _____
 Address: _____
 Phone Number: _____

SIGNATURE OF PARENT OR GUARDIAN: _____