

**MOKENA SCHOOL DISTRICT 159
NEW STUDENT PRE-ENROLLMENT FORM**

2020-2021

STUDENT INFORMATION	
LAST Name of Student	Suffix
FIRST Name	Grade
MIDDLE Name	Date of Birth
Home Address	Country of Birth
PO Box, Apt., or Unit	<input type="checkbox"/> Female
Home Phone	<input type="checkbox"/> Male

ETHNICITY/RACE	
<p>This information is to be filled out by the student's parents or guardians and both questions must be answered. The first question asks about the student's ethnicity and the second asks about the student's race. If you decline to answer either question, the school district is required to provide the missing information by observer identification.</p>	
<p>Is student Hispanic or Latino? (must check one)</p> <p><input type="checkbox"/> No, not Hispanic or Latino</p> <p><input type="checkbox"/> Yes, Hispanic or Latino</p>	<p>What is the student's race? (check one or more)</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p>

HOME LANGUAGE SURVEY	
<p>The State of Illinois requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify students who need to be assessed for English language proficiency.</p>	
<p>Is a language other than English spoken in your home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what language? _____</p>	<p>Does your child speak a language other than English?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what language? _____</p>
<p align="center">If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.</p>	

PREVIOUS SCHOOL ATTENDED				
Full School Name	Address	City	State	Zip

STUDENT SERVICES		
<p>This information is collected for students NEW to the district who may have had special services provided to them from a previous school district. At your child's previous school:</p>		
<ul style="list-style-type: none"> Did your child have an ACTIVE IEP (Individualized Education Plan) Did your child have an ACTIVE Section 504 Plan? Did your child receive specialized English Language (EL) learner services? 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p>

PLEASE COMPLETE OTHER SIDE

HOUSEHOLD INFORMATION FOR STUDENT'S PRIMARY RESIDENCE

PARENT 1 / GUARDIAN 1 (PRIMARY CONTACT)	
<p style="text-align: center;"><i>Does child reside with this parent/guardian?</i></p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>First Name</p>	<p style="text-align: center;"><i>Is this parent currently serving in active duty in the military?</i></p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Last Name</p>
Address (<i>ONLY if different from student</i>)	PO Box, Apt., or Unit
City, State, Zip	Home Phone
Relationship to Student	Cell Phone
Employer	Work Phone
Email (REQUIRED)	
PARENT 2 / GUARDIAN 2 (SECONDARY CONTACT)	
<p style="text-align: center;"><i>Does child reside with this parent/guardian?</i></p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>First Name</p>	<p style="text-align: center;"><i>Is this parent currently serving in active duty in the military?</i></p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Last Name</p>
Address (<i>ONLY if different from student</i>)	PO Box, Apt., or Unit
City, State, Zip	Home Phone
Relationship to Student	Cell Phone
Employer	Work Phone
Email (REQUIRED)	

Legal documents must be filed with the school for enforcement of any custody arrangements which would prohibit either parent access to the student or the student's records.

Parent/Guardian Signature _____ Date _____

~~~ For Office Use Only ~~~		
Date Entered into Skyward: _____	By Whom: _____	Date Provided Family Access: _____
Notes:		