**MORTON UNIT SCHOOL DISTRICT 709**

**REGISTRATION FORM EC-12**

**STUDENT INFORMATION**

STUDENT NAME

(Birth Certificate Name) (Last) (First) (Middle) (Other-Nickname)

Student Address

Mailing Address Zip Code

Student Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unlisted? Y / N Student Cell Phone Gender \_\_\_\_

Birth Date (Month, Day, Year) Birth Place (City, State)

Date Entering School Entering Grade Entering

Has Your Child Attended a Morton School Previously? Y / N Original Date of Entry

Name of School Currently Transferring From

Address of School Currently Transferring From

Has Your Student Received Special Education Services? Y / N Speech or Language Services? Y / N

Has the Student Been in a Gifted Program? Y / N First time enrolling in an Illinois school Y / N

Native Language Spoken in Home Mother’s Maiden Name­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this student Hispanic/Latino: Yes/No

Race–(circle each that apply): American Indian/Alaskan, Asian, African American, Native Hawaiian/Pacific Islander, White

**LEGAL PARENT/GUARDIAN INFORMATION (Living at the Mailing Address)**

Parents: Married Separated Divorced Single Other (circle one)

Child Resides with: Mother & Father Father Only Mother Only Mother & Step-Father Father & Step-Mother Step-Mother Step-Father Grandparent Other Relative Legal Guardian (circle as applies)

Relationship

Last Name First

Home Phone

Cell Phone

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone Ext.

Email

Relationship

Last Name First

Home Phone

Cell Phone

Employer

Work Phone Ext.

Email

**ADDITIONAL PARENT INFO** **(will also receive mailings)**

List the order in which we should contact you.

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Call Order 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship

Last Name First

Home Address

City State Zip Code

Home Phone

Cell Phone

Employer

Work Phone Ext.

Email

#### Military Service

Is there a parent/guardian who is a member of a branch of the armed services of the United States? Y / N

Is this parent/guardian deployed or on active duty or expects to be during the school year? Y / N

-----------------------------------------over---------------------------------------------

#### EMERGENCY CONTACT INFORMATION

Please List People Other Than Parents Who Could Be Contacted in Case of an Emergency.

**Contact 1:**

Name Relationship to Student

Home Phone ( ) Cell Phone ( ) Work Phone ( )

**Contact 2:**

Name Relationship to Student

Home Phone ( ) Cell Phone ( ) Work Phone ( )

**Contact 3:**

Name Relationship to Student

Home Phone ( ) Cell Phone ( ) Work Phone ( )

**Contact 4:**

Name Relationship to Student

Home Phone ( ) Cell Phone ( ) Work Phone ( )

Any Other Siblings Enrolling in the District? Y / N

Siblings Names: Grade School – B G J L JH MHS (circle one)

Grade School – B G J L JH MHS (circle one) Grade School – B G J L JH MHS (circle one)

Grade School – B G J L JH MHS (circle one)

List Any Allergies of Which the School Should be Aware:

List Any Handicaps that Would Limit the Child’s Physical Activities:

Does the Child Take Any Medications Regularly? Y / N

When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If during the day, you will need to complete a Medical Authorization form.)

What Medication? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Family Physician Phone ( )

**Date: Parent/Guardian Signature:**

**FOR OFFICE USE ONLY**

#### EARLY CHILDHOOD INFORMATION

Head Start Y / N Early Intervention (Birth to 3) Y / N Referral by CFC Y / N EI Number \_\_\_\_\_\_\_\_\_\_\_\_\_

Eligibility Determination Date \_\_\_\_\_\_\_\_\_ IEP Completion Date \_\_\_\_\_\_\_\_ Date Services Began \_\_\_\_\_\_\_\_\_

Reason for Delay in Transition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DF 9-c Revised (11/14/13)