

**MORTON UNIT SCHOOL DISTRICT 709
REGISTRATION FORM K-12**

STUDENT INFORMATION

STUDENT NAME _____
(Birth Certificate Name) (Last) (First) (Middle) (Other-Nickname)

Student Address _____

Mailing Address _____

Student Home Phone _____ Unlisted? Y or N Gender _____ S.S.N. _____

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

Date Entering _____ School Entering _____ Grade Entering _____

Has Child Attended a Morton School Previously? Yes _____ No _____ Original Date of Entry _____

Name of School Currently Transferring From _____

Address of School Currently Transferring From _____

Was the Student Receiving Special Education Services? Yes _____ No _____

Has the Student Been in a Gifted Program? Yes _____ No _____

Native Language Spoken in Home _____ Mother's Maiden Name: _____

Ethnic Group—(circle one): White American Indian Asian African American Hispanic Native Hawaiian

Any Other Siblings Enrolling in the District? Y or N

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

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

Parents: Married Separated Divorced Single Other (circle one)

Relationship _____

Last name _____

First name _____ M.I. _____

Home Phone _____

Work Phone _____ Extension _____

Cell Phone _____

Employer _____

Email _____

Relationship _____

Last name _____

First name _____ M.I. _____

Home Phone _____

Work Phone _____ Extension _____

Cell Phone _____

Employer _____

Email _____

ADDITIONAL PARENT INFORMATION (Will also Receive Mailings)

Relationship _____

Last Name _____

First Name _____ M.I. _____

Home Address _____

City _____ State _____

Home Phone _____

Work Phone _____ Extension _____

Cell Phone _____

Employer _____

Email _____

Relationship _____

Last Name _____

First Name _____ M.I. _____

Home Phone _____

Work Phone _____ Extension _____

Cell Phone _____

Employer _____

Email _____

MORTON UNIT DISTRICT #709

I give my permission for MORTON UNIT DISTRICT #709
235 E. JACKSON
MORTON, ILLINOIS 61550

to release to or secure from
(circle one)

(Date)

(Name of School, Agency, or Person)

(Address)

Information regarding: _____

(Student Name)

(Date of Birth)

Release to Secure from

_____	_____	Verbal Exchange of Information
_____	_____	Regular Division Student Records
_____	_____	Academic Records
_____	_____	Health & Medical Records
_____	_____	Psychological Reports
_____	_____	Social Developmental Reports
_____	_____	Speech & Language Reports
_____	_____	Occupational Therapy Reports
_____	_____	Other

I understand that I have the right to review and possibly challenge such records before they are released, and:

1. _____ I hereby **waive** that right
2. _____ I hereby **request** an appointment to review and/or challenge the records
(form DF 15k should be completed)
3. _____ I wish to receive a copy of the records

(Signed: Parent/Guardian/Self)

(Address)

FOR OFFICE USE ONLY

Person requesting information: _____

(Request remains valid for 60 days)

(Signature)

(Title)

Please send records to:

Morton High School
350 N. Illinois Ave.
Morton, IL 61550-2299

Phone: (309)266-7182
Fax: (309)263-2168



HOME LANGUAGE SURVEY

The State Board of Education requires that school districts administer a "Home Language Survey" to each student entering the District's schools for the first time, for the purpose of identifying students of non-English background.

A student is considered of "non-English background" if you answer "yes" to any one of the following questions:

1. Is a language other than English spoken in daily interaction in the student's home?
2. Does the student speak a language other than English?

If "yes", to either of the above questions, please complete the chart below and return to the Building Principal.

Parent's Name _____ Date _____
Address _____
Student's Name _____ Attendance Center _____

LANGUAGE-GROUP		LANGUAGE GROUP	
042 Albanian		074 Lao	
010 Arabic		038 Latvian	
025 Assyrian		060 Malayalam	
021 Cantonese (Chinese)		009 Pilipino(Tagalog)	
030 Mandarin (Chinese)		004 Polish	
012 French		023 Portuguese	
005 German		027 Romanian	
002 Greek		035 Russian	
037 Gujarati		007 Serbian/Croatian/Bosnian	
014 Hindi		001 Spanish	
068 Hmong		022 Thai	
003 Italian		018 Ukrainian	
011 Japanese		033 Urdu	
073 Khmer/Cambodian		034 Vietnamese	
008 Korean		Other (specify)	