

School: _____

Start date: _____

Homeroom: _____

Bus: _____

**BOARD OF EDUCATION, DISTRICT NO. 148
DOLTON, COOK COUNTY, ILLINOIS**

Legal Name of Student: _____

Grade: _____

Address: _____ Apt: _____

City: _____

Birthdate: _____ Age: _____ Sex: _____

Ethnicity: _____

Name of Parent/Guardian _____

Relationship to child: Circle one: Parent Guardian Foster Parent Relative Caretaker Other

Last name, First name of other household members

Adults

Children/Age

Children/Age

| Adults | Children/Age | Children/Age |
|--------|--------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Mother's/Guardian's Contact Information:

Home Phone: _____

Cellular Phone: _____

Work phone: _____

e-mail address: _____

Father's/Guardian's Contact Information:

Home Phone: _____

Cellular Phone: _____

Work phone: _____

e-mail address: _____

Please list 2 **additional and different from above** local emergency phone contacts:

Emergency Contact: _____

Phone: _____

Emergency Contact: _____

Phone: _____

Has the student ever been retained? YES _____ NO _____

Does the student receive Special Education Services? YES _____ NO _____

Does the student have an Individual Education Plan (IEP)? YES _____ NO _____

| | |
|--|--------------------|
| Does the student speak a language other than English? | YES _____ NO _____ |
| What other language does your child speak? | |
| Is a language other than English spoken daily in the home? | YES _____ NO _____ |

Health Information

Glasses: YES _____ NO _____

Asthma: YES _____ NO _____

Seizures: YES _____ NO _____

Last Asthmatic Episode: _____

Allergies: _____

Activity Restrictions: _____

Medicine Name: _____

Other Medical condition(s): _____

Hay Asistencia en Espanol 201-2075

NURSE

School authorities have our consent to act in an emergency in securing the necessary a _____ ation for the

preservation of our child's health. The cost will be assumed by parents.

I have received a District 148 Parent-Student Handbook & Packet upon registration and I will review it with my child/children.

Registration of a student who is not a resident is a fraudulent act and a "Class C" misdemeanor. Parents or guardians will be subject to the payment of retroactive tuition charges for non-resident students. The 2009-2010 tuition cost is \$8,567.81.

I certify that I understand the residency requirement and that I know the penalty for fraudulent registration.

Signature: _____ Date: _____

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FOR SCHOOL USE ONLY

RESIDENCY VERIFICATION

1. Driver's License/State of IL. I. D.: _____

2. Current Bills/Statements: _____ Electric _____ Gas _____ Telephone
 _____ Water _____ Mortgage _____ Property Tax
 _____ Riverdale Occupancy Permit
 _____ Dolton Certificate of Occupancy

3. Medicare/KidCare #: _____

Eligible for Waived Fees: _____ Yes _____ No

4. Payroll Check: _____

5. Other: _____

Verified by: _____ Date: _____

| | |
|------------------|----------|
| Balance Forward: | \$ _____ |
| Total Fee: | \$ _____ |
| Amount Paid: | \$ _____ |
| Balance Due: | \$ _____ |
| Accepted by: | _____ |
| Date: | _____ |

The Mission of School District 148 is to challenge and support all students to reach highest level of performance.