

School: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Start date: \_\_\_\_\_

Student I. D. # \_\_\_\_\_ SIS # \_\_\_\_\_ 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 living at this address above.

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 student ever attended a District 148 School? YES \_\_\_ NO \_\_\_ Has 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): \_\_\_\_\_



School authorities have our consent to act in an emergency in securing the necessary aid and transportation 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. Please sign card and return to your child's teacher by August 27, 2011.

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 2011-2012 tuition cost is \$11,517.00

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/Cell  
   \_\_\_\_\_ Water      \_\_\_\_\_ Mortgage      \_\_\_\_\_ Property Tax

3. Medicare/KidCare #: \_\_\_\_\_  
Eligible for Waived Fees:      \_\_\_\_\_ Yes      \_\_\_\_\_ No

4. Payroll/Government Check: \_\_\_\_\_

5. Pending Documents: \_\_\_\_\_  
\_\_\_\_\_

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.*