

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 _____

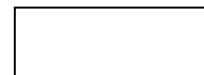
Last Asthmatic Episode: _____

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, 2010.

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 2010-2011 tuition cost is \$9,965.14

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

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.