**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)