

**Township High School District 211  
Student Enrollment Form**

**Please make any necessary corrections and complete all information on BOTH SIDES of the form**

The Student Enrollment form is part of the registration process and a permanent record to be completed by the parent or guardian. Basic information which appears on all school records and information required by the Illinois Student Information System come from the Student Enrollment form. It is, therefore, essential that you provide all of the information requested and that it be as complete and accurate as possible.

**INSTRUCTIONS:**

- A. Verify the pre-printed information on the Student Enrollment form.
- B. Fill in all blank spaces.
- C. You must include at least one emergency contact.
- D. This form MUST BE SIGNED in order to complete student registration.

Legal Student Name:

Male  Female

Grade: \_\_\_\_\_

Last: \_\_\_\_\_

Birthdate: \_\_\_\_\_

ID #: \_\_\_\_\_

First: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Junior High School: \_\_\_\_\_

Middle: \_\_\_\_\_

(City, County, State)

If transferring, current high school: \_\_\_\_\_

Student Nickname: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Primary Household Address: \_\_\_\_\_

Household Phone #: \_\_\_\_\_ (please include a preferred cell number if there is not a home phone).

Hispanic / Latino: Yes  No

Race: American Indian or Alaska Native  Asian  Black or African American  White   
Native Hawaiian or other Pacific Islander

Is either parent a member of the military? \_\_\_\_\_ (Yes / No)

If yes, is deployment anticipated within the next 12 months? \_\_\_\_\_ (Yes / No)

Home Language: Is a language other than English spoken in your home? Yes  No  What language? \_\_\_\_\_

Native Language: Does your child speak a language other than English? Yes  No  What language? \_\_\_\_\_

If the country of birth is NOT THE UNITED STATES, please answer the following questions

Date your child entered the U.S.A.? \_\_\_\_\_ Date in US School \_\_\_\_\_ Date in Illinois School \_\_\_\_\_

Has your child ever received ELL or Bilingual assistance? Yes  No

Has your child studied English in a country other than the U.S.A.? Yes  No

If yes, where? \_\_\_\_\_ How many years? \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_ Guardian:  Contact Priority: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_ Guardian:  Contact Priority: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

STEPPARENT INFORMATION

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_ Guardian:  Contact Priority: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_ Guardian:  Contact Priority: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ADDITIONAL INFORMATION

Is this for the FIRST or ONLY child in your family to attend Township High School District 211? Yes  No   
If no, list the names of siblings (include step or half) and their current grade level (if currently enrolled).

Last: \_\_\_\_\_ First: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Grade Level: \_\_\_\_\_

EMERGENCY CONTACTS

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Gender: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Gender: \_\_\_\_\_

I understand that James B. Conant High School and District 211 may contact me at the phone numbers I have provided with the information about school events and emergency situations via automated phone calls and/or automated text messages. If the school is unable to reach a parent in the event my child suffers a serious injury or illness, I authorize the school to take appropriate emergency action which may include ambulance transportation to a nearby medical center.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_