Print Form

CHARLESTON COMMUNITY UNIT DISTRICT NO. 1
STUDENT REGISTRATION INFORMATION

_____ **Date Entered**
_____ **Year**
_____ **Grade/Homeroom**

Student Name:

Last **First** **Middle**

☐ **Male** ☐ **Female**

Address:

City: **Zip Code:**

Student Home Phone #:

Date of Birth:

Place of Birth:

Country of Birth:

Are you a resident of Charleston CUSD #1? ☐ **Yes** ☐ **No**

CUSD #1 School attended last year? (Choose one)

Mark Twain School

If your child attended a school outside of CUSD #1 last year:
School Attended:

District/City/State:

Year student last attended a CUSD #1 School:

All students are provided equal opportunities in all education programs for all services. No person shall be discriminated against on the basis of race, color, creed, national origin, gender, sexual orientation, age, ancestry, marital status, citizenship status, or mental or physical disability in any of its programs, activities, services or benefits. All students are guaranteed equal access to Educational and extra-curricular activities as required by Illinois PA 79-597 and Title IX of the 1973 Educational Amendments.

Student lives with (Please Choose one)

☐ 1. Father and Mother
☐ 2. Father only
☐ 3. Mother only
☐ 4. Foster Parents
☐ 5. Other (specify)

Father:
Employer:
Work Phone:
Pager #:
E-mail address:
Cell Phone #:

Mother:
Employer:
Work Phone:
Pager #:
E-mail address:
Cell Phone #:

Non-custodial Parent Information
Name:
City:
State: **Zip Code:**
Phone:
☐ **Can be contacted in case of emergency**

Sibling Names (first & last) **Date of Birth**

Other Language(s) spoken in home

Other Language(s) spoken by child

(Section 228.15: Identification)

STUDENT EMERGENCY INFORMATION
PERSON TO CONTACT (OTHER THAN PARENT OR GUARDIAN)

Name:
Relation:
Phone #:
Cell Phone #:
Name:
Relation:
Phone #:
Cell Phone #:

Physician:
Physician Phone:

Serious illness or condition:

Medication:

Allergies:

Comments:

If you and the physician of choice (indicated above) cannot be reached in an emergency and, if in the judgement of the school authorities, immediate medical and/or hospital attention is indicated, do you authorize responsible school authorities to send your child (properly accompanied) to an available hospital or physician? ☐ **Yes** ☐ **No**

I received the Student/Parent/Calendar Handbook
SIGNATURE OF PARENT OR GUARDIAN

_____

See next page to complete Race and Ethnicity information.