



ENROLLMENT FORM
2016-17 School Year

This is a mandatory form for enrollment and must be completed each school year.

For Office Use Only:

Student UIC \_\_\_\_\_ Teacher \_\_\_\_\_
Original Enroll Date \_\_\_\_\_ Bus Color \_\_\_\_\_
Bus Stop \_\_\_\_\_

Student Information

Child's Legal Name \_\_\_\_\_ Male Female

Last First Middle

Birth Date \_\_\_\_\_ Birthplace (Country) \_\_\_\_\_ Entering grade \_\_\_\_\_
mm/dd/yyyy

Address \_\_\_\_\_
House # Street Apt/Unit# City Zip Code

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Previous School Attended \_\_\_\_\_
Name City, State

Does your child receive Special Education services? Yes No Speech Services? Yes No

Ethnicity (choose one): Hispanic or Latino Not Hispanic or Latino

Race - Please choose all that apply (for state purposes only):

American Indian/Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Language

1. Is your child's native language a language other than English? Yes No If yes, what \_\_\_\_\_

2. Is the primary language in your child's home environment a language other than English? Yes No
If yes, what \_\_\_\_\_

Family Information

Parent/Guardian #1

Name \_\_\_\_\_ Relationship \_\_\_\_\_
Last First Middle

Address if different from listed above) \_\_\_\_\_
House # Street Apt/Unit# City Zip Code

Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian #2

Name \_\_\_\_\_ Relationship \_\_\_\_\_
Last First Middle

Address (if different from listed above) \_\_\_\_\_
House # Street Apt/Unit# City Zip Code

Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

