

STUDENT NAME: _____ GRADE: _____ DATE OF ENROLLMENT: _____ / _____ / _____



**PEORIA PUBLIC SCHOOLS
PK-12 ENROLLMENT FORM 2017-2018**

Complete Sections I-III and sign page. Please print legibly using black or blue pen.

For full directions, please refer to *Completing Your Child's Enrollment Form* available at www.peoriapublicschools.org/enrollment

Our vision: We take pride in educating and graduating each student prepared and inspired to contribute to the world.

I. STUDENT INFORMATION

1. LAST NAME (LEGAL NAME ONLY)		FIRST	MIDDLE	SUFFIX
2. NICKNAME / OTHER NAME(S) USED PREVIOUSLY (AKA)			3. BIRTHDATE / /	
4. GENDER <input type="checkbox"/> M <input type="checkbox"/> F	5. HISPANIC OR LATINO <input type="checkbox"/> Y <input type="checkbox"/> N	6. RACE (SELECT ONE OR MORE): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		<small>*First time students at Peoria Public Schools will also need to submit the U.S. Department of Education Race & Ethnicity Data Standards Sheet during registration.</small>
7. OFFICE ONLY - ADDRESS VERIFIED DATE: / /	8. HOUSEHOLD ADDRESS: CITY, STATE: ZIP CODE:			
9. HOME PHONE ()		10. CELL PHONE ()		11. WORK PHONE ()
12. A.) CITY OF BIRTH:		B.) STATE OF BIRTH	C.) COUNTY OF BIRTH:	
14. STUDENT RESIDENTIAL STATUS (CHECK ONE): <input type="checkbox"/> PARENT/LEGAL GUARDIAN <input type="checkbox"/> FOSTER CARE <input type="checkbox"/> FOREIGN EXCHANGE STUDENT			<input type="checkbox"/> RESIDENTIAL FACILITY <input type="checkbox"/> HOMELESS <input type="checkbox"/> TEMP. RESIDENCE / FINANCIAL HARDSHIP <input type="checkbox"/> DOUBLED UP <input type="checkbox"/> OTHER	
13. ONLY IF APPLICABLE COMPLETE AND INCLUDE SIBLINGS WHO ARE CURRENTLY IN GRADES PK-12 IN PEORIA PUBLIC SCHOOLS.			*IF BORN OUTSIDE OF U.S., WAS THIS STUDENT BORN IN A FOREIGN COUNTRY TO DIPLOMATIC, MILITARY PERSONNEL, OR OTHER U.S. CITIZEN AND GRANTED U.S. CITIZENSHIP? <input type="checkbox"/> Y <input type="checkbox"/> N	
SIBLING 1 FULL NAME:		GRADE:	SCHOOL NAME:	
SIBLING 2 FULL NAME:		GRADE:	SCHOOL NAME:	
SIBLING 3 FULL NAME:		GRADE:	SCHOOL NAME:	

II. CONTACT INFORMATION

Provide at least three contacts to be used if your child becomes ill or injured at school. A photo ID is required to release a student. A student will not be released during school hours to anyone unless indicated below. All contact information will remain active for the entire school year unless revoked by the parent/guardian.

16. FAMILY 1			
PARENT/GUARDIAN 1 FULL NAME: _____			
RELATIONSHIP: _____			
LIVES WITH STUDENT: <input type="checkbox"/> Y <input type="checkbox"/> N			
IF NO, PROVIDE ADDRESS: _____			
HOME PHONE: ()	CELL PHONE: ()	WORK PHONE: ()	
EMAIL ADDRESS: _____	ACTIVE MILITARY DUTY <input type="checkbox"/> Y <input type="checkbox"/> N	CONTACT PRIMARY LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER _____	
PARENT/GUARDIAN 2 FULL NAME: _____			
RELATIONSHIP: _____			
LIVES WITH STUDENT: <input type="checkbox"/> Y <input type="checkbox"/> N			
IF NO, PROVIDE ADDRESS: _____			
HOME PHONE: ()	CELL PHONE: ()	WORK PHONE: ()	
EMAIL ADDRESS: _____	ACTIVE MILITARY DUTY <input type="checkbox"/> Y <input type="checkbox"/> N	CONTACT PRIMARY LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER _____	

STUDENT NAME: _____ GRADE: _____ TEACHER: _____ ROOM #: _____ DATE OF ENROLLMENT: _____ / _____ / _____

17. FAMILY 2
 PARENT/GUARDIAN 1 FULL NAME: _____
 _____ RELATIONSHIP: _____

LIVES WITH STUDENT: Y N
 IF NO, PROVIDE ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____
 () () ()

EMAIL ADDRESS: _____ ACTIVE MILITARY DUTY Y N CONTACT PRIMARY LANGUAGE
 ENGLISH SPANISH OTHER _____

PARENT/GUARDIAN 2 FULL NAME: _____
 _____ RELATIONSHIP: _____

LIVES WITH STUDENT: Y N
 IF NO, PROVIDE ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____
 () () ()

EMAIL ADDRESS: _____ ACTIVE MILITARY DUTY Y N CONTACT PRIMARY LANGUAGE
 ENGLISH SPANISH OTHER _____

18. EMERGENCY CONTACTS

ADDITIONAL CONTACT NAME 1: _____ RELATIONSHIP: _____ HOME PHONE: () CELL PHONE: () WORK PHONE: () <input type="checkbox"/> OK TO RELEASE TO STUDENT	ADDITIONAL CONTACT NAME 1: _____ RELATIONSHIP: _____ HOME PHONE: () CELL PHONE: () WORK PHONE: () <input type="checkbox"/> OK TO RELEASE TO STUDENT	ADDITIONAL CONTACT NAME 1: _____ RELATIONSHIP: _____ HOME PHONE: () CELL PHONE: () WORK PHONE: () <input type="checkbox"/> OK TO RELEASE TO STUDENT
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III. QUESTIONS FOR PARENT/GUARDIAN
 The following questions provide important information for the school staff.
 Parents must answer the following questions. Check 'Yes' or 'No' for each question where appropriate.

19. STUDENTS WHO LIVE MORE THAN 1.5 MILES FROM THEIR HOME SCHOOL OR WHO MUST CROSS A STATE-RECOGNIZED HAZARD AREA TO GET TO SCHOOL, ARE TYPICALLY ELIGIBLE FOR DISTRICT TRANSPORTATION. IT IS IMPORTANT TO VERIFY WITH THE TRANS. DEPT. (693-4400) IF YOUR CHILD IS ELIGIBLE. IF HE/SHE IS ELIGIBLE, IS THIS A SERVICE YOU WILL PLAN TO USE? (IF YOU OPT OUT AND YOUR PLANS CHANGE, PLEASE CALL TRANSPORTATION AND ANTICIPATE A THREE DAY ROUTING PROCESS) Y N

20.
 A. HAS YOUR CHILD EVER RECEIVED **SPECIAL EDUCATION SERVICES**? Y* N *YES - DO YOU HAVE A COPY OF YOUR CHILD'S IEP? Y N
 B. DOES YOUR CHILD HAVE AN ACTIVE 504 PLAN? Y* N *YES - DO YOU HAVE A COPY OF THE 504 PLAN? Y N
 C. DOES YOUR CHILD RECEIVE SPEECH SERVICES? Y N

21. DID YOUR CHILD ATTEND PRE-SCHOOL? Y* N
 *IF YES, PLEASE LIST THE NAME AND LOCATION: _____ WHAT AGES DID HE/SHE ATTEND PRE-SCHOOL? _____

22. NAME OF LAST SCHOOL ATTENDED: _____ PHONE: _____
 CITY: _____ STATE: _____ LAST GRADE LEVEL COMPLETED: _____

23. PLEASE INCLUDE ANY SPECIAL INFORMATION ABOUT YOUR CHILD WHICH SHOULD BE KNOWN IN CASE OF EMERGENCY.
 ASTHMA DIABETES SEIZURES
 OTHER: _____

OTHER DOCUMENTS NEEDED TO COMPLETE REGISTRATION, INCLUDE:
 RELEASE OF STUDENT INFORMATION FORM
 U.S. DEPT. OF EDUCATION RACE AND ETHNICITY DATA STANDARDS
 HOME LANGUAGE SURVEY
 STUDENT NETWORK/INTERNET USER AGREEMENT/PARENT PERMISSION FORM
 CERTIFICATE OF CHILD HEALTH EXAMINATION
 COPY OF BIRTH CERTIFICATE
 PROOF OF ADDRESS

24. (FOR HIGH SCHOOL AND MIDDLE SCHOOL STUDENTS ONLY)
 DOES YOUR CHILD PLAN TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS? Y* N *IF YES, PLEASE PROVIDE A SPORTS PHYSICAL

The information provided in Sections I-III is true to the best of my knowledge. _____
 Parent/Guardian signature (required) Date