

PLEASE USE PEN AND PRINT CLEARLY

FILL OUT BOTH SIDES OF FORM

McLean County Unit District No. 5
REGISTRATION INFORMATION

(TWO-SIDED)

Student's Last Name _____ First _____ Complete Middle Name _____ Other (Jr., II) _____ Social Security No. (optional) _____ Male Female
School _____ Grade _____ Teacher/Counselor _____

Date of Birth _____ Place of Birth _____ Home Phone () _____
(City/State/Country)

Residence Address (Apt./P.O./R.R.) _____

City/State/Zip Code _____ School Bus Number _____

Mailing Address (if different) _____ Home E-mail Address _____

Student lives with: Parents Father Mother Guardian Other _____
Work E-mail Address _____

◆ **Father's (Guardian's) Name** _____

Street Address (if different from student) _____

City/State/Zip _____ Phone () _____

Occupation _____

Employer _____ Phone () _____

Cell Phone Number _____ Work No. Extension _____

◆ **Mother's (Guardian's) Name** _____

Street Address (if different from student) _____ Mother's Maiden Name _____

City/State/Zip _____ Phone () _____

Occupation _____

Employer _____ Phone () _____

Cell Phone Number _____ Work No. Extension _____

Ethnic Group:
 White, Non Hispanic
 Black, Non Hispanic
 American Indian or Alaskan Native
 Asian or Pacific Islander
 Hispanic

Special Needs:
IEP Yes No
504 Plan Yes No
Disability _____

Does your student currently attend a day care program or have a babysitter before and/or after school? Yes No
Name of Day Care Provider: _____
Address of Day Care Provider: _____
Phone Number of Provider: () _____

The above information is accurate to the best of my knowledge at this time.

Signature of Parent/Step-Parent/Guardian

Date: _____

OVER PLEASE AND FILL OUT OTHER SIDE OF FORM

PLEASE FILL OUT BOTH SIDES OF REGISTRATION FORM

List any special health instructions or conditions such as heart disease, epilepsy, severe allergies, eye or ear problems, asthma, diabetes, etc.

Medication taken at home: _____

Medication taken at school: _____

List two **LOCAL EMERGENCY CONTACTS** who will assume temporary care of your child if the parents/guardians listed on the front of this card cannot be reached.

Name: _____

Relationship to Child: _____

Home Phone: () _____ Work Phone: _____

Work Ext.: _____

Name: _____

Relationship to Child: _____ Work Phone: _____

Home Phone: () _____ Work Ext.: _____

Doctor's Name: _____

Doctor's Phone: _____

Hospital: _____

I do hereby authorize school officials to take whatever action is deemed necessary in their judgment for the health of this child. I will not hold the school district financially responsible for the emergency care and/or transportation for this child.

Please Initial Here _____

Student's Name _____

Grade _____ **School** _____

Is this student the youngest family member attending Unit 5 schools? Yes No

Has student ever attended Unit 5? Yes No

Where? _____

School the student last attended: _____

Address: _____

City/State/Zip _____

If born outside the USA, what was the first school attended?

School _____ City, State _____ Starting Date _____

O F F I C E U S E

Original entry date into Unit 5: _____

Enrolled date: _____

Drop date: _____

Year of graduation: _____

Student ID No.

Residential CODE

Locker No. _____

PCC Code _____

Tuition _____ Orphan _____

Special Services _____
