

JACKSONVILLE SCHOOL DISTRICT 117

2017-2018 Student Enrollment Form

STUDENT INFORMATION

Student's Legal Name (as it appears on birth certificate)

Last _____

First _____ Middle _____

Birthdate _____ Gender: Male Female

Primary Language Spoken at Home _____

Birth Country _____

Grade for 2017-2018 School Year _____

Date of Original Entry in U.S. School _____

Race (check all that apply)

American Indian or Alaskan Native
Black or African American
White

Asian
Native Hawaiian or Other Pacific Islander
Two or More Races (please list)

Is the student Hispanic/Latino?

Yes No

Has the student ever received special education services? Yes No

PRIMARY HOUSEHOLD

Primary Parent/Guardian Information (Household information where student resides.)

Legal Parent/Guardian and Spouse Name(s) _____

Street Address _____

City _____ State _____ Zip _____

Primary Phone Number(s) _____

Cell Phone _____

Work Phone _____

E-mail Address(es) _____

Do parents need an interpreter for school functions? Yes No

Please circle choice: ASL, English as Second Language

FAMILY INFORMATION

Is there a parental custody agreement, court order restricting contact to the student (s), or any other legal documentation that would prohibit access to the student(s)? Yes No

Evidence of non-parent's custody, control, and responsibility of a student is required if considered a guardian. Evidence of documentation is required in order for the school to enforce.

Biological Father, if known _____ Check if child resides here

Biological Mother, if known _____ Check if child resides here

Legal Guardian _____ Check if child resided here

Proof of guardianship provided Yes No

Step-Parent _____ Check if child resides here

Other, see emergency contact section

Other School Age Children in District

Name _____ Name _____

Name _____ Name _____

Name _____ Name _____

EMERGENCY CONTACT

This section is for anyone authorized to care for and authorized to pick up the student other than biological parent and/or legal guardian.

Name _____ Relationship to Student _____ Phone _____

Name _____ Relationship to Student _____ Phone _____

Name _____ Relationship to Student _____ Phone _____

Name _____ Relationship to Student _____ Phone _____

I verify that the above information is correct

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

For Office Use Only:

Sent for Records – Date _____

Received: Immunization Birth Certificate Physical Dental Vision

Proof of Residency: (at least three)

Tax Bill or Proof of Payment

Mortgage Papers

Utility/Water Bill

Signed and Dated Lease

Driver's License

Voter Registration

Letter of Residence from Landlord in Lieu of Lease

Public Aid Card



JACKSONVILLE SCHOOL DISTRICT 117

Home Language Survey

The state requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency.

Student's Name: _____

1. Is a language other than English spoken in your home?

____ Yes What language? _____

____ No

2. Does your child speak a language other than English?

____ Yes What language? _____

____ No

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

Parent/Legal Guardian Signature

Date