

SSN: \_\_\_\_\_

# Marissa District #40 Enrollment Card

2017-2018

Rm \_\_\_\_\_

## Student Information: (please print, exactly as shown on certified birth certificate)

Student Name \_\_\_\_\_ Child is called \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Primary Language \_\_\_\_\_

## Adults with whom this student lives:

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Last First Middle

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Cellular Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Last First Middle

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Cellular Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Student lives with: (Circle) Parents Father Mother Step-Father Step-Mother Grandparent(s) Guardian  
Marital Status of Parents: (Circle) Married Separated Divorced Divorced & Remarried Widowed Single

## Student Emergency Contact Information: If I am unable to pick up my child, I authorize Marissa CUSD #40 to release my child to the following persons. I understand that additions or deletions to the list must be completed in person in the school office.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cellular \_\_\_\_\_ Relationship to student \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cellular \_\_\_\_\_ Relationship to student \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cellular \_\_\_\_\_ Relationship to student \_\_\_\_\_

Does this student wear: Glasses \_\_\_\_\_ Contacts \_\_\_\_\_ Hearing Aid \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Hospital preference \_\_\_\_\_

List any allergies (food or medicine): \_\_\_\_\_

What happens to your child when he/she comes in contact with the allergen? (rash, hives, shortness of breath, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medical conditions your child may have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child take medication daily? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of medication and time taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*This information may be shared with medical personnel and school staff. Emergency personnel and/or ambulance may be called if necessary.**

By signing below, I give permission to release necessary medical information on my child to Marissa School personnel.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Additional Parent/Emergency Information:**

Is there another parent who should receive information concerning this child's grades, progress, etc? Yes No  
If yes, please complete the following information:

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip

Cellular Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Is there someone who is **NOT** allowed by court order to be in contact with this student? Yes No  
If yes, you must provide the school with a copy of the court order, please complete the following information:

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Last First Middle

**Child's previous school if other than Marissa District 40:**

Address \_\_\_\_\_  
Street City State Zip phone fax

**Previous Educational Services:** (Please indicate if your child receives any of these services)

Individual Education Plan (IEP) \_\_\_\_\_ 504 accommodations \_\_\_\_\_

Title one services (Reading or Math) \_\_\_\_\_ Not Applicable \_\_\_\_\_

**Does the student have a parent or guardian who is a member of a branch of the armed forces?**

(Mark One) \_\_\_\_\_ Yes\* \_\_\_\_\_ No

\*If yes, is he/she either deployed to active duty or expected to be deployed to active duty during this school year?

(Mark One) \_\_\_\_\_ Yes \_\_\_\_\_ No

Marissa 40 Schools are in compliance of the Federal Act McKinney-Vento regarding the educational rights of children.

**Ethnic Group: Marissa District 40 is required by the State of Illinois to make a survey of our students by race.**

(Mark One) \_\_\_\_\_ No, not Hispanic/Latino \_\_\_\_\_ Yes, Hispanic/Latino

Race: (Choose one or more, regardless of ethnicity status selected above)

- 12 American Indian or Alaska Native      13 Asian      14 Black or African American      11 Hispanic or Latino
- 15 Native Hawaiian or Other Pacific Islander      16 White      6. Multi-Racial

**Do you give permission for your child to have his/her picture taken for the newspaper, yearbook, and website (students will not be identified by name on the Internet)?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you give permission for your child to attend local field trips (high school, public library, post office, etc.)?**

Yes \_\_\_\_\_ No \_\_\_\_\_ **Walking field trips?** Yes \_\_\_\_\_ No \_\_\_\_\_

NOTE: Any person who knowingly enrolls or attempts to enroll in the schools of a school district on a tuition free basis, a student known by that person to be a non-resident of the district, or any person who knowingly or willfully presents to any school district any false information regarding the residency of a student for the purpose of enabling that student to attend any school in that district without the payment of a non-resident tuition charge shall be guilty of a Class C misdemeanor. Anyone who knowingly or willfully provides false information on this form shall be referred for criminal prosecution. A CHILD'S LEGAL RESIDENCE IS WHERE HIS/HER LEGAL GUARDIAN RESIDES. Marissa District 40 has the right to investigate your residency. 105 ILCS 5/10-20.12b ; 730 ILCS 5/5-9-1

I voluntarily furnished the information on this form & certify that my student listed is a legal resident of Marissa District 40, residing within the boundary lines of said district.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date