

RIVER GROVE SCHOOL STUDENT ENROLLMENT FORM

Office Use Only:

Date Enrolled _____

Date Entered _____

Student Information

Last Name: _____ First Name: _____ Middle Name: _____

Gender: Male Female Grade Level: _____ School Year: _____

Birth date: ____ / ____ / ____ Place of Birth: City _____ State _____ Country _____

Official Birth Certificate Verified: Yes - Date: ____ / ____ / ____ Initials: _____ No

Family Information

Marital Status of parents: Married Divorced Separated Single Widow/Widower

Who lives with this child? Mother Father Stepmother Stepfather Foster mother

Foster father Grandmother Grandfather Guardian Other _____

Please specify the primary responsible adult with whom this student is living: (Mailings, first called, teacher contact, etc.)

Female: Last Name: _____ First Name: _____ Maiden Name: _____

Primary: Ms. Mrs. Miss (Please provide)

Permanent Home Address _____

Home Phone Number _____ Cell Phone Number _____ Email: _____

Preferred Language for Home/School Communication: _____

Relationship to child _____ OK to pick up Legal Custody

Occupation: _____ Work Phone Number: (____) _____ Ext: _____

Employer: _____ Employer Address: _____ City: _____

Male: Last Name: _____ First Name: _____ Middle Name: _____

Primary:

Home Address _____

Home Phone Number _____ Cell Phone Number _____ Email: _____

Preferred Language for Home/School Communication: _____

Relationship to child _____ OK to pick up Legal Custody

Occupation: _____ Work Phone Number: (____) _____ Ext: _____

Employer: _____ Employer Address: _____ City: _____

RIVER GROVE SCHOOL STUDENT ENROLLMENT FORM

Office Use Only:

Date Enrolled _____

Date Entered _____

Medical Information

Doctor's Name: _____ Telephone Number: (____) _____ Ext: _____

Known allergies: _____ Glasses or Contacts Hearing Problems

Other health related issues: _____

Name of medication: _____ Dosage: _____ Frequency: _____

In Case of Emergency Information

Please specify three adults into whose custody this child may be released or contacted if the parent or guardian cannot be reached:

Name: _____ Phone Number: (____) _____ Cell Phone: (____) _____

Address: _____

Relationship to child _____ Work Phone: (____) _____

Preferred Language for Communication: _____

Name: _____ Phone Number: (____) _____ Cell Phone: (____) _____

Address: _____

Relationship to child _____ Work Phone: (____) _____

Preferred Language for Communication: _____

Name: _____ Phone Number: (____) _____ Cell Phone: (____) _____

Address: _____

Relationship to child _____ Work Phone: (____) _____

Preferred Language for Communication: _____

Transfer Students:

School Last Attended: _____
(School Name) (School Address)

Related Educational Services Received: IEP Special Education Speech and Language

Social Work Service Initial Case Study – Date: _____

504 Plan English as a Second Language Other: _____

(Please Sign)

I certify that the information given is correct to the best of my knowledge:

(Parent/Guardian Signature)

(Date)