

# 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: \_\_\_\_\_

Ethnic Group:  White  Black  Hispanic  Asian Pacific Islander  
 American Indian /Alaskan Native  Multiracial/Ethnic  Other \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Official Birth Certificate Verified:  Yes - Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Initials: \_\_\_\_\_  No

Does this child speak a language other than English?  Yes - **What language?** \_\_\_\_\_  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 \_\_\_\_\_

Permanent Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

**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)

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:

Preferred Language for Home/School Communication: \_\_\_\_\_

Relationship to child \_\_\_\_\_  OK to pick up  Legal Custody

Occupation: \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_ City: \_\_\_\_\_

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## 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: \_\_\_\_\_

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

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)