

METAMORA COMMUNITY CONSOLIDATED SCHOOL DISTRICT 1 - INFORMATION AND REGISTRATION

Directions: Please fill out this form for EACH of your children enrolling in Metamora CCSD#1 and return it as soon as possible to the school office.

STUDENT INFORMATION

LEGAL Last Name: _____ First Name: _____ Middle Name: _____ Nickname: _____

(Please Circle One) Male Female

(Please Circle One) American Indian or Alaska Native Asian Black/African American Hispanic/Latino of Any Race Native Hawaiian or Other Pacific Islander Two or More Races White

Student's Residential Address _____

Student's Birthday (Month, Day, Year) _____ Home Phone Number () _____ Entering Grade _____

Name of Legal Guardian(s) _____

Will your child ride a bus to school? (Please Circle One) Yes No Bus Number (Assigned by Office) _____

CONTACT INFORMATION

Mother's first and last name _____

Mother's Address (if different from student's) _____

Mother's place of employment _____

Mother's e-mail _____

Mother's cellular phone() _____ Mother's business phone() _____

Father's first and last name _____

Father's Address (if different from student's) _____

Father's place of employment _____

Father's e-mail _____

Father's cellular phone() _____ Father's business phone() _____

Names of other children living in your home attending Metamora Grade School and/or Metamora High School	Last Name	First Name	Teacher	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Sitter's Name _____ Sitter's Phone () _____ Sitter's Address _____

Please list additional people to contact in the event of an emergency

Name	Phone
1. _____	_____
2. _____	_____
3. _____	_____

Please list the hospital you prefer in the event of an emergency _____

Home Language Survey

IL State Board of Education requires this information...

Student Native Language ___ English
(Please check one) ___ Spanish

___ Other _____

Language Spoken at Home ___ English
(Please check one) ___ Spanish

___ Other _____

OTHER INFORMATION

Please list any allergies _____

Please list any medicines needed at school and complete Medical Authorization Form _____

Should your child be wearing glasses at school? _____ Does your child have a hearing loss? _____

Is your child receiving Special Education Services? _____ Speech Therapy Services? _____ Reading/Title I Support? _____

Last School Attended _____ Address _____

Permission for office to share emergency medical information with staff as needed (Please Circle One) Yes No

Permission to publish name/address/phone information in student directory (Please Circle One) Yes No

PLEASE INFORM THE SCHOOL IMMEDIATELY IF THERE ARE ANY FUTURE CHANGES TO PHONE NUMBERS OR E-MAIL ADDRESSES.

Signature _____ Date _____

On the back of this sheet, please list any additional physical, social, or emotional situation that might affect your child's behavior or performance at school. Please include any feedback or comments.
THANK YOU.