

Mascoutah Community Unit School District 19
New Student Registration Form



2009-10

Student Name: _____ Grade 2009-10: _____
Last First Middle

Present Address: _____ Gender: Male / Female

City: _____ State: _____ Zip: _____ Birth Date: _____

Home Phone: _____ Birthplace: _____ Student Age: _____

Primary Email: _____ SSN: _____-_____-_____

Special Services Received: 504 Gifted Speech Special Education ESL ____#Yrs Medicaid # _____

State of Illinois required student survey. American Indian/Alaskan Native Hispanic
Please mark the appropriate race: Asian/Pacific Islander White
 Black/African American Multi-Racial

First year in U.S. School? No Yes

Previously enrolled in Mascoutah School District? No Yes Year: _____ US Citizen? No Yes

Student lives with: Both Parents Mother Father Mother/Stepfather Father/Stepmother Both Guardians
(Choose one) Foster Parents Independent Foreign Exchange Host Family Other _____

Parent/Stepparent 1 - with whom the child resides Custodial Parent
Active Duty Military Member must complete this section

Parent/Stepparent 2 - with whom the child resides Custodial Parent

Name: _____ Name: _____

Work Phone: _____ Cell Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____ Employer: _____

Place of Employment: _____ Place of Employment: _____

Military Rank: _____ Branch of Service: _____ Military Rank: _____ Branch of Service: _____

Civil Service: No Yes Civil Service: No Yes

Non-custodial parent entitled to receive school information:

Name: _____ Relationship to Student: _____

Address: _____ Home Phone: _____ Work Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Name and phone number of two people (not parent) authorized to be called in emergency or to pick up child from school:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Day Care Provider Name: _____ Days child attends daycare: Mon Tue Wed Thu Fri

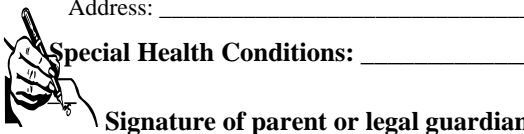
Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Name & Grade of sibling(s) in the school district: _____

Last School Attended: _____ Dates from _____ to: _____ Grade(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Special Health Conditions: _____

 Signature of parent or legal guardian _____ Date: _____

FOR SCHOOL USE ONLY

REV 3/2009

Home: _____ Fees Collected: _____ Enrollment Date: _____ Does student ride bus? Yes No
Serving: _____ Proof of Residency: Y N Records: _____ Teacher/HomeRm: _____ A.M. Bus #: _____
Certified Birth Certificate: Y N Orig. Entry MCUSD19: _____ Grade: _____ Home Bus #: _____
AUP Received: Y N Student ID: _____ State ID: _____ Day Care Bus #: _____