

NEW STUDENT ENROLLMENT

Date: _____

Student Information:

Student Name: _____ IEP _____

Address: _____

Birthdate: _____ Age: _____ Year in School: _____

Last School Attended _____

Name/Age Siblings: _____

Parent/Guardian Name: _____

Phone Number: _____

For Office Use Only

Residency Documentation:

Occupancy Permit ____

Utility Bill Water ____ Gas ____ Sewer ____ Electricity ____

Real Estate Tax Bill ____

Homeowner or Rental Insurance Bill ____

Current Real Estate Tax Bill ____

Home Ownership Title or Deed ____

School Documentation:

Birth Certificate ____

Physical/Immunization Records ____

Unofficial Transcript ____

Student Transfer Form (Illinois transfers only) ____

Schedule ____

Special Education ____