



Breese Elementary District #12 Student Registration Form



STUDENT INFORMATION (PLEASE PRINT)

Student Legal Last Name	Student Legal First Name	Student Legal Middle Name	Date of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Primary Address			Grade Level	IEP <input type="checkbox"/> Yes <input type="checkbox"/> No
City	State	Zip Code		504 <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child the youngest student in attendance at District #12? (Circle One) Yes No				

PARENT/GUARDIAN INFORMATION #1 (Lives with student)

Guardian Last Name	Guardian First Name	Cell Phone	Home Phone
Relationship to Student (Please circle one) Parent Guardian Foster Parent Stepparent Other _____	Employer		Work Phone
Guardian Email Address (Parent Portal Access)			

PARENT/GUARDIAN INFORMATION #2 (Lives with student)

Guardian Last Name	Guardian First Name	Cell Phone	Home Phone
Relationship to Student (Please circle one) Parent Guardian Foster Parent Stepparent Other _____	Employer		Work Phone
Guardian Email Address (Parent Portal Access)			

ALTERNATE PARENT/GUARDIAN INFORMATION (Does not live with student) Request Mailings (Circle One) Yes No

Guardian Last Name	Guardian First Name	Cell Phone	Home Phone
Relationship to student	Email Address (Parent Portal Access)		
Mailing Address	City	State	Zip Code

EMERGENCY CONTACTS - OTHER THAN GUARDIANS

Contact Name	Relationship to Student	Cell Phone	Work Phone/Other Phone
Contact Name	Relationship to Student	Cell Phone	Work Phone/Other Phone
Contact Name	Relationship to Student	Cell Phone	Work Phone/Other Phone

MEDICAL INFORMATION

Does your child have a medical condition, allergy or take a daily medication? (Circle One) Yes No
If yes, please fill out an additional medical form.

I verify that the above information is correct

Guardian/Parent Signature

Date

HOME LANGUAGE SURVEY

Is a language other than English spoken in your home? (Circle One)

No Yes What Language:

Does your child speak a language other than English? (Circle One)

No Yes What Language:

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

STUDENT PHOTOS

Student Name:

As legal guardian/parents of the above named student, I grant my permission to allow staff of Breese Elementary District #12 to photograph and/or publish photos of my child in the school newsletter, website, yearbook, newspaper and Facebook. (Circle One)

Yes No

MILITARY CHILDREN QUESTIONNAIRE

Does the parent or guardian of the child, serve in the military, including National Guard or Reserve? (Circle One)

Yes No

Is the parent or guardian currently serving on active duty or expect to be deployed this year? (Circle One)

Yes No

Has the parent or guardian returned from deployment in the last 6 months? (Circle One)

Yes No

Guardian/Parent Signature

Date

REQUIRED DOCUMENTATION FOR STUDENT ENROLLMENT

- * Student's Birth Certificate
- * Proof of Residency
 - One documentation from Category 1 and Category 2
- * DHS Physical (Kindergarten & 6th Grade)
- * Dental (Kindergarten, 2nd Grade & 6th Grade)
- * Eye Exam (Kindergarten)

OTHER INFORMATION

Please provide any other important documentation that you feel the district should have knowledge of regarding your student. ie Order of Protection, Child Custody Agreements, etc.