

## LOCKPORT SCHOOL DISTRICT 91 REGISTRATION / EMERGENCY FORM

**MG**  **KG**     
 Amt: \_\_\_\_\_ Pd.  Ck #: \_\_\_\_\_ Epay# \_\_\_\_\_ EB \_\_\_\_\_  
 Applied for Financial Assistance \_\_\_\_\_ F/R/D \_\_\_\_\_ W/PP \_\_\_\_\_

### STUDENT INFORMATION

A person who knowingly or willfully presents to any school district any false information regarding the residency of a pupil for the purpose of enabling that pupil to attend any school in that district without the payment of a non-resident tuition charge shall be guilty of a Class C misdemeanor. (District 91 will prosecute to the fullest extent of the law.)

(Please Print)                      Male  Female                       Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \_\_\_\_\_ 2011-2012 Grade \_\_\_\_\_  
 Legal Last Name                      First Name                      Full Middle Name  
 \_\_\_\_\_ (      ) \_\_\_\_\_  
 Student's Home Address                      Area Code      Home Phone #                      Birth Place (City/State/Country)  
 Special Services:  ELL  Speech  IEP – Program: \_\_\_\_\_ LASEC: EC  CD  MN  ACADEMY   
 \_\_\_\_\_  
 Student Social Security # (optional)      # of Years in U.S. Schools                      Last School Attended / City & State (if not District 91)

### PARENT/GUARDIAN INFORMATION

Please Initial:  Own  Rent  Live with a D91 resident Name of D 91 Resident your living with: \_\_\_\_\_  
**If you are renting, or living with a District 91 resident who rents, provide Landlord name and Phone Number.**  
 Landlord Name \_\_\_\_\_ Landlord Phone \_\_\_\_\_  
**The student resides on a permanent basis with: (Check one)**  
 Both Parents     Father     Father & Stepmother     Mother     Mother & Stepfather     Guardian  
 In cases of divorce, separation, or a change in custody, **you must provide** the school with current legal documentation indicating custody arrangements.

#### Legal/Natural Father's Information:

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Legal Guardian: YES NO  
 Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

#### Legal/Natural Mother's Information:

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Legal Guardian: YES NO  
 Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

#### Step-Father's Information:

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Legal Guardian: YES NO  
 Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

#### Step-Mother's Information:

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Legal Guardian: YES NO  
 Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Student Name \_\_\_\_\_ 2011-12 Grade \_\_\_\_\_

**SIBLING INFORMATION:** Please list all children living in your home regardless of age or current school enrollment.

Name	Birth Date	2011-12 School & Grade Level
Name	Birth Date	2011-12 School & Grade Level
Name	Birth Date	2011-12 School & Grade Level
Name	Birth Date	2011-12 School & Grade Level
Name	Birth Date	2011-12 School & Grade Level
Name	Birth Date	2011-12 School & Grade Level

**FEDERAL & STATE REPORTING REQUIREMENTS**

District 91 has several Federal and State reports to complete each year. Please tell us how you would like us to report your child.

**Racial Code:** (please check one)

- 12-American Indian or Alaska Native
- 13-Asian
- 14-Black or African American
- 15-Native Hawaiian or other Pacific Islander
- 11-Hispanic or Latino
- 16-White
- 17-Multi-Racial (two or more races)
- Other, please specify \_\_\_\_\_

Any language, other than English, spoken in your home?  Yes  No If YES, please specify: \_\_\_\_\_

**EMERGENCY INFORMATION**

Medical Conditions of Student:  NO  YES

Allergies  Asthma  Diabetes  Seizures  Heart defect/disease  ADHD

Other health issues: \_\_\_\_\_

My child takes the following medications: \_\_\_\_\_

My child has hearing aids, tubes in ears, glasses, contacts, AFO, etc. please list: \_\_\_\_\_

All attempts will be made to contact the parent(s) / guardian(s) first. **Please notify your emergency contact that they are on your list. Please notify the school of any change in your phone number or emergency numbers.**

**1<sup>st</sup> Contact: (other than parent/guardian)**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

**2<sup>nd</sup> Contact: (other than parent/guardian)**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

**3<sup>rd</sup> Contact: (other than parent/guardian)**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

If the student's parent, guardian, or emergency contact person cannot be contacted, I authorize Lockport School District 91 administration and hospital emergency room personnel to take such action as may be deemed necessary, and I will accept responsibility for any expense incurred in handling any emergency care.

In addition, I certify that I am the person named in the Parent Information section and that this student lives at the address shown in the Student Information section. I agree to notify the District if the student no longer resides in my home, has a change in custody, or if there is a change of address. I understand the District employs a private investigator to check on all residencies. I also realize that fraudulent enrollment may result in an immediate dismissal from District 91 schools and in an assessment of District 91's current per capita tuition charge. I certify that the information on this form is correct and has my approval. This form may be copied for hospital and emergency personnel.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_