

Liberty CUSD No 2

STUDENT REGISTRATION AND PROOF OF RESIDENCY QUESTIONNAIRE

 Student's Legal Name (Last) (First) (Middle) (Preferred Name)

 Birth Date Gender Birth City Birth State Birth County Birth Country

Grade: _____ Student's Cell Phone # (if applicable): _____

Hispanic/Latino Ethnicity: YES NO

Federal Race (Circle all that apply below):

1. American Indian/Alaskan Native 2. Asian 3. Black/African American 4. Pacific Islander 5. Middle Eastern/North African 6. White

***FAMILY 1 (Student's Primary Residence Household)**

*** Primary Guardian:**

 Last Name First Name Relationship Marital Status
 Custodial Parent: YES NO May Pick Up Student: YES NO

 Cell Phone # Phone #2 (home / cell / work) Phone #3 (home / cell / work) Employer

 Home/residence address (no PO Boxes): Street Apt # City State Zip

 E-mail Address (Personal / Work) Mailing Address if different from Street Address

*** Guardian 2:**

 Last Name First Name Relationship Marital Status
 Custodial Parent: YES NO May Pick Up Student: YES NO

 Cell Phone # Phone #2 (home / cell / work) Employer E-mail Address

**** FAMILY 2 (Student's Secondary Residence or non-custodial parent)**

**** Guardian 1:**

 Last Name First Name Relationship Marital Status
 May be Contacted in Emergency: YES / NO Custodial Parent: YES / NO May Pick Up Student: YES /NO

 Cell Phone # Phone #2 (home/ cell / work) Phone #3 (home/ cell / work) Employer

 Home Address: Street Apt # City State Zip

 E-mail Address (Personal / Work) Mailing Address if different from Street Address

****Guardian 2:**

 Last Name First Name Relationship Marital Status
 May be Contacted in Emergency: YES NO Custodial Parent: YES NO May Pick Up Student: YES NO

 Cell Phone # Phone #2 (home / cell / work) Employer E-mail Address

Emergency Contact #1

(other than parent/guardian) _____
 Name Phone #1(home / cell / work) Relationship

 City Zip Phone #2 (home / cell / work)

Emergency Contact #2

(other than parent/guardian) _____
 Name Phone #1(home / cell / work) Relationship

 City Zip Phone #2(home / cell / work)

(OVER)

INFORMATION PERTAINING TO FAMILY

Identity of person completing this questionnaire:

Name _____ Relationship to student _____

Has the child been tested for special education services, including speech/language services (circle one) **YES NO**

If yes, does the student have an IEP, and from what school _____

Is this student eligible for Medicaid (circle one): **YES NO**

Does the student eat (circle one): **YES NO**, (circle one): **sleep YES NO** regularly at said residence?

If the student doesn't live with father or mother, state reason for residence with another person.

Please list all persons (adults and children) residing with student:

Last Name	First Name	Age	School Attending if Student
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who should be contacted about student's grades, etc.?

Name _____ Phone _____

Address _____

Who is responsible for payment of student fees?

Name _____ Phone _____

Address _____

Has a guardian been appointed for the student? (circle one): **YES NO** If Yes, attach a copy of guardianship petition and court order.

Identity of guardian:

Name _____ Phone _____

Address _____

Date _____

Signature _____

NOTE: Illinois law provides that a person who knowingly enrolls or attempts to enroll in the schools of a school district on a tuition-free basis -- a pupil known by that person to be a nonresident of the district -- will be guilty of a Class C misdemeanor. Illinois law also provides that 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 nonresident tuition charge, will be guilty of a Class C misdemeanor. (105 ILCS 5/10-20.12b)