

Lick Creek CCSD #16
2022-2023 Student Information

Office Use Only: STI #: _____ SIS #: _____ Locker #: _____
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Name: _____ Date of Birth: _____
First Middle Last

Primary Phone #: _____

Grade: _____ Male Female

Street Address: _____

City: _____, IL Zip: _____

- Black/African American
- Hispanic
- Multiracial/Ethnic
- White
- Other (please specify)

Student Lives with (check all that apply):

- Mom
- Dad
- Step Parent
- Grandparent(s)
- Other Legal Guardian(s)

Bus Information (check all that apply):

- Will ride morning bus
- Will ride afternoon bus
- Parents will provide alternate transportation

To be filled in by office:

Miles from school: _____
Assigned to _____ route

Parent Information

(Indicate which parent should be called first on routine matters)

Mother/Stepmother/Female Guardian

Contact this parent first? _____

Name: _____ Preferred Phone #: _____
First Last

Mailing Address (If different from student address): _____

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

Employer: _____ Work Phone #: _____ Ext: _____

Deployed or expect to be deployed to active duty in US Armed Forces? _____ (Optional)

Father/Stepfather/Male Guardian

Contact this parent first? _____

Name: _____ Preferred Phone #: _____
First Last

Mailing Address (If different from student address): _____

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

Employer: _____ Work Phone #: _____ Ext: _____

Deployed or expect to be deployed to active duty in US Armed Forces? _____ (Optional)

Emergency Info

Additional Emergency Contacts (List in order of calling preference)

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

General Medical Information

Allergies: _____

Medications: _____

Medical Conditions: _____

Physician Name: _____ Physician Phone #: _____

Department of Public Aid Recipient ID Number (If applicable): _____

Medicaid Case ID Number (If applicable): _____

Student Pick-up

Person(s) Authorized to Pick Up Child (Other than parents or emergency contacts listed above.)

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

After School Day Care

*Cost is \$7 per child for the first hour (or fraction thereof) and \$3 per child for each additional hour (or fraction) up to 5:30 pm. After 5:30 pm the cost increases to \$10 per child per ¼ hour (¼ hour minimum). **Payment is required each Friday otherwise parent will need to make other arrangements for child's care until balance has been paid in full.** Students who have not been picked up by 3:30 pm (2:30 pm on early dismissal days) & are not being directly supervised by a teacher or sponsor will be sent to After School Day Care.*

I agree to comply with the regulations of the Day Care Program.

Signature of Parent/Guardian: _____ Date: _____