

Ethnic / Bi-Lingual Registration Form
Lewistown Community Unit School District #97

* Due to the NCLB (No Child Left Behind) federal law, we are required to file additional mandated reports with the state and federal governments. Please complete the following checklist about your child and return this form at registration to the elementary school office. Be assured that this information will be kept strictly confidential.

Student's Name: _____ Grade: _____

Parent's Name: _____

Home Phone #: _____ Cell Phone #: _____

Racial/Ethnic Background:

Is your child Bi-Lingual?

____ Asian

____ Yes

____ Black or African American

____ No

____ Hispanic or Latino

____ Other language(s) spoken:

____ American Indian or Alaskan Native

____ Native Hawaiian or Other Pacific Islander

____ Two or More Races

____ White

____ Other: _____

Does anyone in your home speak a language other than English?

____ Yes What language? _____

____ No

Does your son/daughter speak a language other than English?

____ Yes What language? _____

____ No

Signature: _____
Parent or Guardian

Date: _____