

PEOTONE COMMUNITY UNIT DISTRICT 207-U ENROLLMENT CARD

* All information marked with an asterisk is required by the State of Illinois

*Name of Pupil: _____
* Last Name * Full First Name * Full Middle Name Nickname/Goes By

*Gender: (M/F) _____ Grade: (2010-2011) _____ *Date of Birth: _____ Birthplace: _____

*Ethnicity: _____ - See separate new form required by the State of Illinois
01-American Indian/Alaskan Native 02-Asian/Pacific Islander 03-Black/African American 04-Hispanic 05-White/Caucasian 06-Multiracial/Ethnic

Home Telephone: _____ Parent E-Mail Address: _____

Pupil Resides With: _____ Residency Status: _____
(Indicate Relationship)

Home Address: _____, IL _____
Street, Route, Box Number City Zip

Mailing Address: _____, IL _____
Street, Route, Box Number City Zip

Alternate Address: _____, IL _____
Street, Route, Box Number City Zip

Name of Father or Guardian: _____
Employer: _____ Work Phone _____ Cell Phone _____

Name of Mother: _____
Employer: _____ Work Phone _____ Cell Phone _____

SIBLING 1 Name: _____ Grade: _____ School: _____

SIBLING 2 Name: _____ Grade: _____ School: _____

SIBLING 3 Name: _____ Grade: _____ School: _____

Emergency Contacts: Please verify we have 2 contacts in case of medical emergency.

Name: _____ Phone: _____ Phone 2: _____

Name: _____ Phone: _____ Phone 2: _____

When school is cancelled before students arrive, the number to call: _____

When school is closed during the school day, my child will: _____ Phone: _____

If I cannot be reached in case my son or daughter needs emergency medical care because of illness or injury while at school, please take him or her to my family physician, if possible. If this is not possible, then to any other physician who is available or to the nearest hospital. I agree to assume all responsibility and expenses not covered by the accident insurance obtained through the school.

Doctor: _____ Phone: _____ Preferred Hospital: _____

Dentist: _____ Phone: _____

Throughout the school year, photographs and/or videos are taken of students during various classroom activities, field trips, assemblies, athletic or special events. Photos may be released to the media for publication or posted on the internet along with student names. We are proud of our students and of our programs and would like to highlight them. Yet, we wish to respect your wish should you prefer that your student not be identified. Please indicate your choice on this permission form, and we will make every effort to comply with it.

_____ I give permission for my child to be photographed or videotaped in school-related activities, and for the photos and names to be released to the media.

_____ I give permission for my child to be photographed or videotaped in school-related activities, and for the photos and names to be released to the internet.

Accident insurance is made available to those who wish to enroll.

_____ I want my child included in any accident insurance plan provided through the school, and my signature below indicates that I hereby waive any claim against said school, school district, and the officers and employees thereof for reimbursement.

Name of private insurance carrier: _____

Internet access is provided to students for educational purposes. Any inappropriate use of these resources will cause the student to be referred to the office for discipline, as outlined in the district's Acceptable User Policy. Please request a copy of this policy or find it online at www.peotoneschools.org. Indicate below if you want your child to have access to these resources.

_____ My child may use the internet resources available. Please initial: _____

Date

Signature of Parent or Guardian