

Pleasantdale School District 107

7450 S. WOLF ROAD
BURR RIDGE, IL 60527

STUDENT REGISTRATION FORM

GRADE ENTERING: _____

STUDENT'S NAME: _____
(Last) (First) (Middle)

STUDENT'S ADDRESS: _____
(Street) (City) (Zip Code)

PHONE: () _____ NICKNAME: _____ SEX: _____ M _____ F
Unlisted: YES OR NO (circle one)

BIRTHPLACE: _____ DATE OF BIRTH: _____
(City/County - State)

Was English the first language your child learned? _____ YES _____ NO
If no, what language(s) is spoken? _____

What is the ethnic background of the student? **Please circle one:**
White Black American Indian/Alaskan Native Asian/Pacific Islander Hispanic Multi-Racial

List any special services such as Speech, Resource, Chapter 1, Gifted, or any other your child may have received:

OTHER MEMBERS IN HOUSEHOLD other than parent or guardian:

<u>Name (First and Last):</u>	<u>Relationship to Student:</u>
_____	_____
_____	_____
_____	_____

FATHER'S NAME: _____ WORK PHONE: () _____
Circle One: Married Divorced Single

MOTHER'S NAME: _____ WORK PHONE: () _____
Circle One: Married Divorced Single

GUARDIAN/STEP-PARENT: _____
(Name) (Address) (Phone)

PARENT SIGNATURE _____ DATE _____