

**MORTON UNIT SCHOOL DISTRICT 709  
REGISTRATION FORM EC-12**

**STUDENT INFORMATION**

STUDENT NAME \_\_\_\_\_  
(Birth Certificate Name) (Last) (First) (Middle) (Other-Nickname)

Student Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Student Home Phone \_\_\_\_\_ Unlisted? Y / N Gender \_\_\_\_\_ S.S.# \_\_\_\_\_

Birth Date \_\_\_\_\_ (Month, Day, Year) Birth Place (City, State) \_\_\_\_\_

Date Entering \_\_\_\_\_ School Entering \_\_\_\_\_ Grade Entering \_\_\_\_\_

Has Your Child Attended a Morton School Previously? Y / N Original Date of Entry \_\_\_\_\_

Name of School Currently Transferring From \_\_\_\_\_

Address of School Currently Transferring From \_\_\_\_\_

Has Your Student Received Special Education Services? Y / N Speech or Language Services? Y / N

Has the Student Been in a Gifted Program? Y / N First time enrolling in an Illinois school Y / N

Native Language Spoken in Home \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Ethnic Group--(circle one): Caucasian (05) American Indian/Alaskan (01) Asian/Pacific Islander (02)  
African American (03) Hispanic (04) Multi-Racial (06)

**LEGAL PARENT/GUARDIAN INFORMATION (Living at the Mailing Address)**

Parents: Married Separated Divorced Single Other (circle one)

Relationship \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Email \_\_\_\_\_

Relationship \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Email \_\_\_\_\_

**ADDITIONAL PARENT INFO (will also receive mailings)**

Relationship \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Email \_\_\_\_\_

List the order in which we should contact you.

1. \_\_\_\_\_

Call Order 2. \_\_\_\_\_

3. \_\_\_\_\_

-over-

**FOR OFFICE USE ONLY:**

Records Req'd \_\_\_\_\_ Rec'd \_\_\_\_\_

Book Rental Paid? Yes \_\_\_\_\_

Proof of Residency Yes \_\_\_\_\_

Copy of Birth Certificate Yes \_\_\_\_\_

Current Physical Yes \_\_\_\_\_

Current Immunizations Yes \_\_\_\_\_

Eye Exam Yes \_\_\_\_\_

Dental Exam Yes \_\_\_\_\_

Language Survey Yes \_\_\_\_\_

Vision/Hearing Form Yes \_\_\_\_\_

Internet Authorization Yes \_\_\_\_\_

Handbook Consent Form Yes \_\_\_\_\_

Prime Time \_\_\_\_\_

Locker Number \_\_\_\_\_

Combination \_\_\_\_\_

## **EMERGENCY CONTACT INFORMATION**

Please List People Other Than Parents Who Could Be Contacted in Case of an Emergency.

### **Contact 1:**

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

### **Contact 2:**

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

### **Contact 3:**

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Any Other Siblings Enrolling in the District? Y / N

Siblings Names: _____	Grade _____	School – B _____	G _____	J _____	L _____	JH _____	MHS (circle one) _____
_____	Grade _____	School – B _____	G _____	J _____	L _____	JH _____	MHS (circle one) _____
_____	Grade _____	School – B _____	G _____	J _____	L _____	JH _____	MHS (circle one) _____
_____	Grade _____	School – B _____	G _____	J _____	L _____	JH _____	MHS (circle one) _____

List Any Allergies of Which the School Should be Aware:

List Any Handicaps that Would Limit the Child's Physical Activities:

Does the Child Take Any Medications Regularly? Y / N

When? \_\_\_\_\_ (If during the day, you will need to complete a Medical Authorization form.)

What Medication? \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Date:** \_\_\_\_\_ **Parent/Guardian Signature:** \_\_\_\_\_

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## **FOR OFFICE USE ONLY**

## **EARLY CHILDHOOD INFORMATION**

Head Start Y / N Early Intervention (Birth to 3) Y / N Referral by CFC Y / N EI Number \_\_\_\_\_

Eligibility Determination Date \_\_\_\_\_ IEP Completion Date \_\_\_\_\_ Date Services Began \_\_\_\_\_

Reason for Delay in Transition: \_\_\_\_\_