

**VALLEY VIEW COMMUNITY UNIT SCHOOL DISTRICT #365U
ENROLLMENT DATA SHEET**

PARENT(S) / GUARDIAN(S) INFORMATION - <u>RESIDING WITH CHILD(REN)</u>			For Office Use Only:
PARENT / GUARDIAN Last	First	Middle	S _ M _ D _ W _

			Map Grid Number

Home Address	Apt. #	City / State	Zip
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Employer Name	City	Phone Number
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SPOUSE	Last	First	Middle
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Employer Name	City	Phone Number
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Primary Phone Number (Home or Cell)	Dad's Cell Number	Mom's Cell Number
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EMERGENCY CONTACT other than you or your spouse

Last Name	First	Relation to Student	Phone Number
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Do you currently have any children enrolled in the Valley View School District 365U? _____ yes _____ no

If yes, list child's/children's full name(s): _____

ETHNICITY

- | | | |
|---------------------------------------|--|-------------------|
| (11) Hispanic | (14) Black, not of Hispanic Origin | (17) Multi-Racial |
| (12) Alaskan Native / American Indian | (15) Native Hawaiian or Pacific Islander | |
| (13) Asian American | (16) White, not of Hispanic Origin | |

STUDENT # 1 INFORMATION:

Last	First	Middle
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Gender	Date of Birth	Place of Birth (City/Town, State and/or Country)
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11 _____ 12 _____ 13 _____ 14 _____ 15 _____ 16 _____ 17 _____

Ethnic Code(s) – Check all that apply to this student – See Above

OFFICE USE ONLY:					
School	Grade	Family #	Language(s) Spoken at Home		
Foster	Temp. Res.	Bi-L/ESL	Entered U.S. (MM/DD/YY)	Entered IL Schools (MM/DD/YY)	Sp. Svcs.
Comments: _____			ID # _____		
					Staff Initials

STUDENT # 2 INFORMATION:

Last			First			Middle		
Gender			Date of Birth			Place of Birth (City/Town, State and/or Country)		
11 _____ 12 _____ 13 _____ 14 _____ 15 _____ 16 _____ 17 _____			Ethnic Code(s) – Check all that apply to this student – See Above					
OFFICE USE ONLY:								
School		Grade		Family #		Language(s) Spoken at Home		
Foster	Temp. Res.	Bi-L/ESL	Entered U.S. (MM/DD/YY)		Entered IL Schools (MM/DD/YY)		Sp. Svcs.	
Comments: _____					ID # _____		Staff Initials _____	

STUDENT # 3 INFORMATION:

Last			First			Middle		
Gender			Date of Birth			Place of Birth (City/Town, State and/or Country)		
11 _____ 12 _____ 13 _____ 14 _____ 15 _____ 16 _____ 17 _____			Ethnic Code(s) – Check all that apply to this student – See Above					
OFFICE USE ONLY:								
School		Grade		Family #		Language(s) Spoken at Home		
Foster	Temp. Res.	Bi-L/ESL	Entered U.S. (MM/DD/YY)		Entered IL Schools (MM/DD/YY)		Sp. Svcs.	
Comments: _____					ID # _____		Staff Initials _____	

THIS COMPLETED FORM, SIGNED AND DATED BY THE PARENT / GUARDIAN, MUST BE PRESENTED ALONG WITH REQUIRED DOCUMENTS BEFORE A CHILD CAN BE ENROLLED.

Parent / Guardian Signature	Relation to Student	Date
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