

CHAMPAIGN COMMUNITY SCHOOL DISTRICT #4 | ELEMENTARY STUDENT REGISTRATION FORM

STUDENT INFORMATION

ACADEMIC YEAR 20__ - 20__

Indicate if a student is **NEW** to the Champaign Unit #4 Schools **TRANSFERRING** within Unit #4 **RETURNING** to Unit #4

Student Name: _____ **Birth Date:** _____
First Name Last Name MI Month/Day/Year

Address: _____
Street Apt City Zip

Phone: _____ - _____ **Sex:** Girl Boy **Grade:** _____

SPECIAL EDUCATION SERVICES RECEIVED:

Yes No
Services Received: _____

ETHNIC <input checked="" type="checkbox"/> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic RACE <input checked="" type="checkbox"/> (01) White <input type="checkbox"/> (02) Black or African-American <input type="checkbox"/> (04) Asian <input type="checkbox"/> (05) Native American/Alaskan <input type="checkbox"/> (06) Native Hawaiian/Pacific Islander
--

CHILDREN OF U.S. MILITARY PERSONNEL Is parent/guardian actively deployed or anticipating deployment during this school year? _____ year? _____
--

Attended (Please check one):

Head Start Day Care
 CECC None
 Private Pre School

FAMILY INFORMATION

Lives with : Parents Mother Only Father Only Guardian Grandparents Foster Parents

Mother/Female Guardian: _____ **E-mail:** _____
Last Name First Name

Employer: _____ **Daytime/Work Phone:** _____ **ext.:** _____ **Cellular/Pager:** _____

Father/Male Guardian: _____ **E-mail:** _____
Last Name First Name

Employer: _____ **Daytime/Work Phone:** _____ **ext.:** _____ **Cellular/Pager:** _____

HOME LANGUAGE: _____	COUNTRY OF BIRTH: _____	DATE FIRST ENROLLED IN U.S. SCHOOLS: _____
-----------------------------	--------------------------------	---

List Other School-Age Children:

	School	Grade		School	Grade
Name: _____			Name: _____		
Name: _____			Name: _____		

Are there any pre-school age children in your home? _____ **Please indicate name(s) and age(s):** _____

EMERGENCY INFORMATION (Other than Parent/Guardian)

Emergency Contact: _____
Name Relationship Daytime Phone

Daily Medication(s): _____ Will the medication be administered during the school day? Yes No

Health Restrictions: _____ **Family Physician:** _____ **Telephone:** _____

IMPORTANT: In an extreme medical emergency your child will be taken by ambulance to the hospital that you identify below. Please select a hospital and sign your name.

Carle Trauma Center Provena/Covenant **Parent/Guardian Signature:** _____

In case of a minor incident, efforts will be made to contact you for direction. All medical fees are the parent(s)/guardian(s) responsibility.

ELEMENTARY SCHOOL PREFERENCE INFORMATION

Please rank all 12 schools according to preference; making at least 5 choices. Use the numbers 1, 2, 3, 4, 5, etc. to indicate choices. (Transportation is provided to those living more than 1½ miles from the school chosen.) Please be advised that some academic programs may only be offered at particular, designated schools.

Magnet School Options:

	Barkstall
	Bottenfield
	Carrie Busey

	Dr. Howard
	Kenwood
	Robeson

	South Side
	Westview
	International Prep Academy

	Washington
	Garden Hills
	Stratton

Parent/Guardian Signature: _____ **Date:** _____

I certify that the information provided on this form is true.

•Parents that participate in the Magnet registration grades 1-5 and receive an assignment are not eligible to participate in the transfer period in the same school year.

FOR OFFICE USE ONLY

Student ID: _____ **Assigned:** _____ **Special Program:** _____ **Special Ed.:** _____ **Proximity School:** _____
Entered eSchool: _____ **Entered Controlled Choice:** _____ **Entered Data:** _____

Champaign Community Unit District No. 4 Schools
Verification of Residence Form (K-8)

TO BE COMPLETED BY PARENT/GUARDIAN

Student _____ Grade _____

Parent(s)/Legal Guardian(s) _____

Total # Adults in Household _____ Total # Children in Household _____

Address of Residence _____

Home Phone _____ Work Phone _____

Signature of Parent/Guardian: _____ Date: _____

Education/Income:

The following information is being requested to facilitate the implementation of a socioeconomic integration component to the District's Schools of Choice Student Assignment Policy.

Parent #1 Gender: Male Female

- H.S. Diploma/GED Trade/Business Certificate
- Associates Degree Bachelor's Degree
- Master's Degree Professional/Doctorate Degree
- None That Apply

Parent #2 Gender: Male Female

- H.S. Diploma/GED Trade/Business Certificate
- Associates Degree Bachelor's Degree
- Master's Degree Professional/Doctorate Degree
- None That Apply

Income Range (Gross Monthly Income): The following Monthly Income Ranges are based on a family's possible eligibility for the Federal School Meals Program:

- (1) \$1,604 or less
- (2) \$1,605 - \$2,159
- (3) \$2,160 - \$2,714
- (4) \$2,715 - \$3,269
- (5) \$3,270 - \$3,824
- (6) \$3,825 - \$4,379
- (7) \$4,380 - \$4,934
- (8) \$4,935 - \$5,489
- (9) \$5,490 or above

FOR USE BY SCHOOL PERSONNEL ONLY

- [] 1. Student is living with parent(s) at the address stated above. (May proceed with registration.)
- [] 2. Student is living with legal guardian at the address stated above. A certified copy of the court order establishing guardianship was received declaring the district resident to be the legal guardian of the student, and further declaring that the guardianship was formed for a purpose other than establishing residency for school district and educational purposes. (May proceed with registration.)
- [] 3. Student is living with custodial adult or relative other than parent/legal guardian. (Do not proceed with registration – refer to Director of Student Services at the District Office.)
- [] 4. Unable to determine residence or custody. (Do not proceed with registration – refer to Director of Student Services at the District Office.)

ITEMS USED TO VERIFY RESIDENCE (one or more may be needed):

NOTE: If parent/guardian cannot furnish item(s) listed below, refer to Director of Student Services at the District Office.

- [] 1. Apartment or house lease
- [] 2. Mortgage documents/property deed/payment record/building permit (60 days occupancy)
- [] 3. Voter's registration
- [] 4. Current driver's license
- [] 5. Other documents acceptable to administration (utility bills or other bills are not acceptable)

Signature of School Representative: _____ Date: _____



FAMILY INFORMATION CENTER REGISTRATION CHECK LIST

Student Name _____ Telephone # _____

Parent(s) Name _____

Address _____

City _____ State _____ Zip Code _____

✓ **ALL INFORMATION COMPLETE:**

- Certified Copy of Birth Certificate or Passport
- Proof-of-Residency Form
- Proof-of-Guardianship*
- Physical Exam
- Dental Exam
- Vision Exam
- Immunization Records
- IEP*
- Foster Family Check List*
- Home Language Survey/ESL Waiver*
- Request for Records
Date Requested _____
- Illinois Transfer Form
Date Requested _____
- Private/Parochial/Out-of-State Transfer Form
Date Requested _____
- Other _____

✓ **PARENT WILL RETURN THE FOLLOWING:**

Please return the following information to your student's assigned school as soon as possible.

- Certified Birth Certificate
(due within 30 days of enrollment)
- Physical/ Immunization
(Due prior to 1st day of school)
- Dental Exam
- Vision Exam
- Received Controlled Choice Brochure
- ESL Exam - Date/Time: _____
- Other _____

I understand that I must return the items indicated above if applicable.

Parent/Guardian Signature _____ Date _____

Choice Staff Signature _____ Date _____

*If Applicable

White Copy-FIC Copy

Yellow Copy-Cum Folder

Pink Copy - Parent



703 South New Street
Champaign, Illinois 61820-5818

Telephone: (217) 373-7357
FAX: (217) 351-3939

Encuesta de Estudiantes Migratorios

Nombre del estudiante: _____

¿Tiene este niño/a un padre/tutor legal que es un trabajador agrícola migratorio, trabajador de lechería migratorio, o un pescador migratorio?

- Sí No

Firma del Padre, Madre o Tutor Legal

Fecha

Migrant Survey

Student's Name: _____

Does this child have a parent/legal guardian who is a migratory agricultural worker, migratory dairy worker, or migratory fisher?

- Yes No

Signature of Parent/Legal Guardian

Date

Home Language Survey

Student's Name: _____

Parent/Guardian Signature: _____

Date: _____

ENGLISH

1. Is a language other than English spoken in your home? No Yes _____ (specify language)
2. Does your child communicate in a language other than English? No Yes _____ (specify language)
3. Which language did your child learn first? _____ (specify language)
4. In which language do you prefer to receive information from the school? _____ (specify language)
5. What is your relationship to the child? Father Mother Guardian Other (specify) _____

ESPAÑOL (SPANISH)

1. ¿Se habla otro idioma que no sea el inglés en su casa? No Sí _____ (especifique idioma)
2. ¿Habla el estudiante un idioma que no sea el inglés? No Sí _____ (especifique idioma)
3. ¿Cuál fué el primer idioma que aprendió su hijo/a? _____ (especifique idioma)
4. ¿En que idioma prefiere recibir comunicaciones de la escuela? _____ (especifique idioma)
5. ¿Cuál es su relación con el estudiante? Padre Madre Guardián Otro (especifique) _____

FRANÇAIS (FRENCH)

1. Parle-t-on une autre langue que l'anglais chez vous ? Non Oui _____ (veuillez préciser la langue)
2. Votre enfant parle-t-il une autre langue que l'anglais ? Non Oui _____ (veuillez préciser la langue)
3. Quelle langue votre enfant a-t-il apprise en premier ? _____ (veuillez préciser la langue)
4. Dans quelle langue préférez-vous recevoir les communications de l'école ? _____ (veuillez préciser la langue)
5. Quelle est votre lien de parenté avec l'enfant ? Père Mère Tuteur Autre (veuillez préciser) _____

CHINESE

1. 除了英语之外，您家是否还说其他语言？
o 否 o 是 _____ (请说明是哪种语言)
 2. 除了英语之外，您的孩子是否还说其他语言？
o 否 o 是 _____ (请说明是哪种语言)
 3. 您的孩子最先学习的是哪种语言？ _____ (请说明是哪种语言)
 4. 您希望学校用哪种语言授课？ _____ (请说明是哪种语言)
 5. 您与孩子的关系？
o 父亲 o 母亲 o 绚 o 其他 (请说明) _____
-

Tiếng Việt (VIETNAMESE)

1. Có nói tiếng nào khác tiếng Anh không được nói ở nhà quý vị không?
 Không Có _____ (hãy cho biết tiếng nào)
 2. Con quý vị có nói tiếng nào khác tiếng Anh không?
 Không Có _____ (hãy cho biết tiếng nào)
 3. Con quý vị đã học tiếng nào đầu tiên? _____ (hãy cho biết tiếng nào)
 4. Quý vị muốn nhận được thông tin từ trường học bằng tiếng nào?
_____ (hãy cho biết tiếng nào)
 5. Quý vị có quan hệ như thế nào đối với con?
 Cha Mẹ Người giám hộ Quan hệ khác (hãy cho biết) _____
-

ARABIC

١. هل توجد لغة أخرى منطوقة في منزلك بخلاف اللغة الإنجليزية؟
o لا o نعم _____ (حدد اللغة)
٢. هل يتواصل طفلك مع غيره بلغة أخرى بخلاف اللغة الإنجليزية؟
o لا o نعم _____ (حدد اللغة)
٣. ما أول لغة تعلمها طفلك؟ _____ (حدد اللغة)
٤. بأي لغة تفضل أن تستقبل المعلومات من المدرسة؟
_____ (حدد اللغة)
٥. ما العلاقة التي تربطك بالطفل؟
o والده o والدته o الوصي عليه o صلة أخرى (الرجاء التحديد)

Illinois State Board of Education

New U.S. Department of Education Race and Ethnicity Data Standards

DATA COLLECTION FORM

Note: The student's parents or guardians should respond to both questions (Part A and Part B). If the parents or guardians decline to respond to either question (Part A or Part B), school district staff are required to provide the missing information by observer identification.

Student's Name: _____

(PLEASE PRINT)

INSTRUCTIONS: This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A. Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Choose only one.**

- No, not Hispanic/Latino**
- Yes, Hispanic/Latino**

The question above is about ethnicity, not race. No matter which answer you selected, continue to respond to the question below by marking one or more boxes to indicate what you consider the student's race to be.

Part B. What is the student's race? Choose one or more.

- 5 **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- 4 **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- 2 **Black or African American** (A person having origins in any of the black racial groups of Africa.)
- 6 **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- 1 **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Note: Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.

**Parent/Guardian Signature: _____ Date: _____