

# Warrensburg-Latham Community Unit School District #11

430 W. North Street, Warrensburg, Illinois 62573

Phone: (217)672-3514 Fax: (217)672-8468



## Warrensburg-Latham Elementary School

Phone:(217) 672-3612

Fax: (217) 672-8614

## Warrensburg-Latham Middle School

Phone: (217) 672-3321

Fax: (217) 672-3770

## Warrensburg-Latham High School

Phone: (217) 672-3531

Fax: (217) 672-3261

### REGISTRATION FORM

#### Student Name \_\_\_\_\_

*First*

*Middle*

*Last*

#### Street Address \_\_\_\_\_

*Street*

*City*

*Zip Code*

#### Mailing Address (if different) \_\_\_\_\_

*Street*

*City*

*Zip Code*

#### **Who Does the Student Live With?** (check one)

- Both Parents     Mother     Father     Foster     Guardian     With Family/Friends

#### **Where is the student currently living?** (check one)

- House/apartment     Motel/car/campsite     Shelter/temporary housing

#### **If you are living in shared housing,** please check all the following reasons that apply:

- Loss of Housing     Economic Hardship     Temporarily waiting for house/apartment  
 Provide care for a family member     Parent/guardian is deployed     Living with boyfriend/girlfriend  
 Other, please explain \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Grade Level** \_\_\_\_\_

**Sex:**  M     F

**Bus Rider:**  Yes     No

**Race** (check all that apply)     White     Black     Asian     Native Hawaiian or Other Pacific Islander

American Indian/Alaskan

**Ethnicity** (check one)     Hispanic/Latino     Non-Hispanic

**Chronic medical conditions** (e.g. asthmas, diabetes, epilepsy, allergies, etc). \_\_\_\_\_

**Are there any medications your student must take during the school day?**  No     Yes, please describe \_\_\_\_\_

**Does your student have an IEP (special education)?**     No     Yes

**Does your student have a 504 plan?**     No     Yes

**Does your student have other special accommodations?**  No     Yes, please describe \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION ON THE NEXT PAGE**

**Mother/Guardian Name** \_\_\_\_\_ **Home #** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

Address (if different than student) \_\_\_\_\_  
*Street* \_\_\_\_\_ *City* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_ Daytime Phone# \_\_\_\_\_

**Father/Guardian Name** \_\_\_\_\_ **Home #** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

Address (if different than student) \_\_\_\_\_  
*Street* \_\_\_\_\_ *City* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_ Daytime Phone# \_\_\_\_\_

**Emergency Contact** (if parent/guardian is not available) \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Please list all siblings enrolled in the district and their grade levels \_\_\_\_\_

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