

Mascoutah Community Unit School District 19
New Student Registration Form



2016-17

Student Name: _____
Last First Middle Suffix: _____

Grade 2016-17: _____

Present Address: _____

Gender: Male / Female

City: _____ State: _____ Zip: _____

Birth Date: _____

Phone: _____ Home Cell Birthplace: _____

Student Age: _____

Student Email (optional): _____

Medicaid # _____

Special Services Received: 504 Gifted Speech Special Education ESL ____#Yrs

First Year in U.S. ? _____

First Year in U.S. School? Yes No

US Citizen? Yes No

Race & Ethnicity - State of Illinois Required Student Survey (Choose One)

____ YES, Hispanic/Latino (04)

____ NO, not Hispanic/Latino (Continue below)

Survey is complete.

Choose one or more, regardless of ethnicity status selected.

- American Indian/Alaskan Native (01) White (05)
 Native Hawaiian/Other Pacific Islander (15) Asian (13)
 Black/African American (03)

Previously Enrolled in Mascoutah School District?
 No

Yes Year: _____

Student lives with: Both Parents Mother Mother/Stepfather Both Guardians Foreign Exchange Host Family
(Choose one) Foster Parents Father Father/Stepmother Independent Other _____

Parent/Legal Guardian 1 - with whom child resides Custodial Parent

Name: _____

Phone 1: (____) _____ Home Cell Work

Phone 2: (____) _____ Home Cell Work

Phone 3: (____) _____ Home Cell Work

Email: _____

Employer: _____

Active Duty: Yes Military Pay Grade: _____
 No Branch of Service: _____

Are you a **Civilian** who reports to work on SAFB? Yes No

** If YES, complete the employer address information below

Employer Address: _____

Employer City: _____ State: _____ Zip: _____

Parent/Legal Guardian 2 - with whom child resides Custodial Parent

Name: _____

Phone 1: (____) _____ Home Cell Work

Phone 2: (____) _____ Home Cell Work

Phone 3: (____) _____ Home Cell Work

Email: _____

Employer: _____

Active Duty: Yes Military Pay Grade: _____
 No Branch of Service: _____

Are you a **Civilian** who reports to work on SAFB? Yes No

** If YES, complete the employer address information below

Employer Address: _____

Employer City: _____ State: _____ Zip: _____

Non-custodial PARENT entitled to receive school information Emergency Contact: Yes No Can Pick Up: Yes No

Name: _____ Relationship to Student: _____

Address: _____ Phone 1: (____) _____ Home Cell Work

City: _____ State: _____ Zip: _____ Phone 2: (____) _____ Home Cell Work

Email: _____ Phone 3: (____) _____ Home Cell Work

Emergency Contact/Pick Up: Individuals (not parent) authorized to be called in emergency and/or to pick up child from school

1. Name: _____ Phone 1: (____) _____ Home Cell Work

Relationship to student: _____ Phone 2: (____) _____ Home Cell Work

2. Name: _____ Phone 1: (____) _____ Home Cell Work

Relationship to student: _____ Phone 2: (____) _____ Home Cell Work

Student Name: _____ Suffix: _____ <div style="display: flex; justify-content: space-around; font-size: small; margin-top: -10px;"> <i>Last</i> <i>First</i> <i>Middle</i> </div>	Grade 2016-17: _____
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Special Health Conditions: _____

Last School Attended: _____ **Dates from** _____ **to:** _____ **Grade(s):** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Children Attending Mascoutah CUSD 19 Schools

Please list the name and grade of each school age child in your household.
 Circle the school your child attends.

Mascoutah Elementary	Scott Elementary	Wingate Elementary	Mascoutah Middle	Mascoutah High
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Please Circle School

Child 1: _____ <small>Last Name (Please Print)</small>	_____ <small>First name (Please Print)</small>	_____ <small>Grade</small>	MES	SES	WES	MMS	MHS
Child 2: _____ <small>Last Name (Please Print)</small>	_____ <small>First name (Please Print)</small>	_____ <small>Grade</small>	MES	SES	WES	MMS	MHS
Child 3: _____ <small>Last Name (Please Print)</small>	_____ <small>First name (Please Print)</small>	_____ <small>Grade</small>	MES	SES	WES	MMS	MHS
Child 4: _____ <small>Last Name (Please Print)</small>	_____ <small>First name (Please Print)</small>	_____ <small>Grade</small>	MES	SES	WES	MMS	MHS
Child 5: _____ <small>Last Name (Please Print)</small>	_____ <small>First name (Please Print)</small>	_____ <small>Grade</small>	MES	SES	WES	MMS	MHS

REQUIRED

SIGNATURE OF PARENT / LEGAL GUARDIAN _____

Date: _____

NOT ACCEPTED WITHOUT PARENT /LEGAL GUARDIAN SIGNATURE

..... **FOR OFFICE USE ONLY**

Please do not write below this line.

Home _____ Serving _____ Proof of Residency <input type="checkbox"/> Y <input type="checkbox"/> N Certified Birth Certificate <input type="checkbox"/> Y <input type="checkbox"/> N AUP Received <input type="checkbox"/> Y <input type="checkbox"/> N Physical <input type="checkbox"/> Y <input type="checkbox"/> N Immunizations <input type="checkbox"/> Y <input type="checkbox"/> N	Fees Collected _____ Records _____ Orig. Entry MCUSD19 _____ Student ID _____	Enrollment Date _____ Teacher/HomeRm _____ Grade _____ State ID _____	Does student ride bus? <input type="checkbox"/> Yes <input type="checkbox"/> No A.M. Bus # _____ Home Bus # _____ Day Care Bus # _____
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