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LAKE VILLA SCHOOL DISTRICT #41 REGISTRATION AND TRANSPORTATION FORM

		School			
STUDENT INFO	RMATION				
Last Name	First Name		Middle Name		
Gender		ntry Date	itePreferred Name		_
Is this student His	panic/Latino? (Choose only o	one.) No, no	Hispanic/Latino	Yes, Hispanic/Latino	
What is the stude Black or A	nt's race? (Choose one or moi frican AmericanN	re.)Americ ative Hawaiian or O	erican Indian/Alaska NativeAsian Other Pacific IslanderWhite		
High School Distr	ict: (Please check your Proper	rty Tax bill) Circle	one: Grayslake	Grant Lakes Co	mmunity
Birth Date:/	/ Place of Birth _	Chy	State	Country	
Medicaid Number		·········			
Does your child re	eceive any Special Education S	Services?			
FAMILY INFOR	<u>MATION</u>				
Child resides with	:Parents Mother	FatherO	her		
Mailings should b	e addressed to: Parent	tsMother	FatherOthe	er	
Please explain any	egal custodial restrictions:	Di			,,,,,
		Ficase attact	क्रम (रहेश शक्तमास्यक्ष स्वत्र अस्य क्र	ect for the cuffent school year.	
	Father			Mother	
Last Name			Last Name	······································	
First Name, Midd	le I		First Name, Middle I.		
Address			Address		
Town, Zip			Town, Zip		
Primary/ALERTI	NOW Phone	(hm.) (cell)	Primary/ALERTNOW	Phone	(hm.) (c
Secondary Phone		(bm.) (cell)	Secondary Phone		(hm.) (co
Work Phone		_	Work Phone		
Occupation			Occupation		
Employer			Employer		
E-Mail Address_			E-Mail Address		
Brother/Sister (In	dicate siblings in District 41 a	nd ages)			
Other members o	f the household				
TRANSPORTATION INFORMATION IF DIFFERENT THAN HOME My child is bused to/from the following care provider who lives within my neighborhood school boundaries. Otherwise, children may only ride on their assigned bus,					
Name		First Name	P	hone	

TURN OVER

Address _____