

STUDENT INFORMATION

8th GRADE/JR. HIGH/MIDDLE SCHOOL _____

Student Legal Name: _____
(First) (Middle) (Last)

SSN# (optional) _____ - _____ - _____ Female Male

Date of Birth: _____
(MM/DD/YYYY)

For Office Use Only
ID #: _____
Entry Date: _____
Transcript Requested: _____
Transcript Received: _____
Re-entry No <input type="checkbox"/> Yes <input type="checkbox"/>
Residency Proof: _____
ISBE Form: _____

Ethnic Code:

Please complete the additional *Ethnicity/Race Identification Form*. This information is required for mandatory state reporting.

Place of Birth: _____
(City, State, Country)

If the country of birth is **not** the United States, what date did you enter the USA?

Month and Year

PRIMARY (RESIDING) PARENT/GUARDIAN CONTACT INFORMATION

Name: _____
(Last, Father's First & Mother's First; *i.e.*, Smith, John & Mary)

Student lives with:

- Both Parents (P)
- Father (F)
- Mother (M)
- Other (O) _____
(Please Specify)

Apt.# House # Street Name City

Home Phone: (____) _____ - _____

Work Phone:

Father/Stepfather Phone: (____) _____ - _____ ext _____

Mother/Stepmother Phone: (____) _____ - _____ ext _____

Cell Phone: Father/Stepfather Cell: (____) _____ - _____ *

Mother/Stepmother Cell: (____) _____ - _____ *

*Indicates cell phone that will receive text messages about school emergencies and closing. Select only one box; only one cell phone per household may receive these messages.

E-Mail:

Household Email: _____

Business Email: _____

NON-CUSTODIAL PARENT/GUARDIAN CONTACT INFORMATION

Name: _____
(Last, Father's First & Mother's First; *i.e.*, Smith, John & Mary)

Apt.# House # Street Name City State ZIP Code

Home Phone: (____) _____ - _____

Work Phone:

E-Mail: (If Available)

Father/Stepfather Phone: (____) _____ - _____ ext _____

Household Email: _____

Mother/Stepmother Phone: (____) _____ - _____ ext _____

Business Email: _____

Cell Phone: Father/Stepfather Cell: (____) _____ - _____ Mother/Stepmother Cell: (____) _____ - _____

EMERGENCY CONTACT INFORMATION

(Person to contact if parents cannot be reached in case of an emergency.)

Name: _____
(Last, First; i.e., Smith, John)

Phone #: (____) _____ - _____ Relationship to Student: _____
(Over)

LANGUAGE SURVEY

1. Does anyone in your home speak a language other than English?
Yes _____ No _____ What language? _____ (Home Language)

2. Does your son/daughter speak a language other than English?
Yes _____ No _____ What language? _____ (Home Language)

If the answer to either question is yes, the school district will assess your student's English language proficiency. The school will measure your student's listening and speaking skills as well as reading and writing skills.

3. What language is spoken at home the most? _____ (Native Language)

New Trier High School will send reports to your family in English. If you need help to understand these reports, you may request interpretation in your native language.

_____ Yes, I would like interpreting/translation services in my native language.
_____ No, I do not need interpreting/translation services in my native language.

Parent/Guardian Signature

Date

PLEASE LIST ANY ADDITIONAL SIBLING(S) CURRENTLY ATTENDING NEW TRIER HIGH SCHOOL

Name of Student	Graduation Year
1)	
2)	
3)	

SIGNATURE

I authorize the registrar to release all school records to other schools and for previous schools to send all records to District 203 for admission purposes. This signature verifies I am a resident of New Trier Township High School District 203 and all the information on this card is accurate.

Parent/Guardian Signature

Date

Return to:
New Trier High School
Records Office
385 Winnetka Avenue
Winnetka, IL 60093

(Over)