

STUDENT INFORMATION

8th GRADE/JR. HIGH/MIDDLE SCHOOL _____

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

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

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

<p>For Office Use Only ID #: _____ Entry Date: _____ Transcript Requested: _____ Transcript Received: _____ Re-entry No ____ Yes ____ Residency Proof: _____ ISBE Form: _____</p>

Ethnic Code:

(Statistical Reports for state governmental agencies require this information.) Please check all that apply.

Hispanic/Latino Ethnicity: Yes No

- American Indian (1)
- Asian/Pacific Islander (2)
- Black/African American (3)
- Hispanic (4)
- White (5)
- Multi-Racial (6)

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

Student lives with:

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

PRIMARY (RESIDING) 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:

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:

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

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

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

E-Mail: (If Available)

Household Email: _____

Business Email: _____

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)