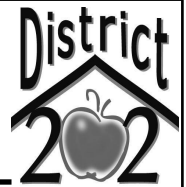


# Plainfield Community Consolidated School District 202

We prepare learners for the future.



## Administration Center

15732 Howard Street  
Plainfield, IL 60544

(815) 577-4000 – telephone  
Web: www.psd202.org

## Student Registration - Contact Information

Page 1 of 3

Please print clearly

Student Information		
School:	Student ID#: (for office use only)	
Student's Legal Name: (as listed on birth certificate-First, Middle, Last)		
First:	Middle:	Last:
Name Student Goes By:		
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:
Birthplace:	City:	State/Country:
Street Address:		
City:	State:	Zip Code:
Subdivision:	Home Phone #:	

### Student Resides With (at address above): Contact #1

Relationship to Student:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Step-Mother	<input type="checkbox"/> Step-Father	Legal Custody:
	<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact's Legal Name: (Legal First, Middle Initial, Last)					
First:	Middle:	Last:			
Home Phone Number:			Cell Phone Number:		
Employer Name:					
Work Phone Number:			Education Level: <input type="checkbox"/> High School & Up		
E-mail Address:			<input type="checkbox"/> Unknown <input type="checkbox"/> Less than High School		
Preferred Language for School Written & Electronic Communication: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:					

### Student Resides With (at address above): Contact #2

Relationship to Student:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Step-Mother	<input type="checkbox"/> Step-Father	Legal Custody:
	<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact's Legal Name: (Legal First, Middle Initial, Last)					
First:	Middle:	Last:			
Home Phone Number:			Cell Phone Number:		
Employer Name:					
Work Phone Number:			Education Level: <input type="checkbox"/> High School & Up		
E-mail Address:			<input type="checkbox"/> Unknown <input type="checkbox"/> Less than High School		
Preferred Language for School Written & Electronic Communication: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:					

**Other Custodial Parent – Student Does Not Reside With**

Relationship to Student:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Step-Mother	<input type="checkbox"/> Step-Father	Legal Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other: _____	
Contact's Legal Name: (Legal First, Middle Initial, Last)					
First:		Middle:		Last:	
Street Address:					
City:			State:		Zip Code:
Home Phone Number:			Cell Phone Number:		
Employer Name:					
Work Phone Number:			Education Level: <input type="checkbox"/> High School & Up		
E-mail Address:			<input type="checkbox"/> Unknown <input type="checkbox"/> Less than High School		
Preferred Language for School Written & Electronic Communication: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:					

**Emergency Contact #1**

Contact's Legal Name: (Legal First, Middle Initial, Last)					
First:		Middle:		Last:	
Relationship to Student:	<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Friend	<input type="checkbox"/> Childcare Provider
	<input type="checkbox"/> Other: _____				
Street Address:					
City:			State:		Zip Code:
Home Phone Number:			Cell Phone Number:		

**Emergency Contact #2**

Contact's Legal Name: (Legal First, Middle Initial, Last)					
First:		Middle:		Last:	
Relationship to Student:	<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Friend	<input type="checkbox"/> Childcare Provider
	<input type="checkbox"/> Other: _____				
Street Address:					
City:			State:		Zip Code:
Home Phone Number:			Cell Phone Number:		

**Emergency Contact #3**

Contact's Legal Name: (Legal First, Middle Initial, Last)					
First:		Middle:		Last:	
Relationship to Student:	<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Friend	<input type="checkbox"/> Childcare Provider
	<input type="checkbox"/> Other: _____				
Street Address:					
City:			State:		Zip Code:
Home Phone Number:			Cell Phone Number:		

**Medical Information**

Wears Glasses:  Yes  No

Wears Contact Lenses:  Yes  No

*Medical Information: Please list any medical conditions we need to know about.*

**Previous Schooling Information**

Previous School Student Attended:

Did your student receive special services and/or programs at their previous school?	Speech	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	ELL - English Language Learner	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	ESL - English as a Second Language	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	IEP - Individualized Education Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Section 504 Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Gifted/Accelerated	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Title I	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	RTI - Reading Intervention	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	RTI - Math Intervention	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Social Worker/Counselor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Direct Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Free / Reduced Waiver	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Other:		

Has the student ever attended Plainfield Schools in the past? *If so, please provide school name.*  Yes  No

School: \_\_\_\_\_

Has your student previously attended USA schools?  Yes  No

**Siblings that are currently attending Plainfield School District 202**

Student Name	Current School	Grade	Date of Birth

**It is imperative that all items on this registration form are complete.**

As parent/guardian of the above named student, I affirm that I have completed this form in its entirety and to the best of my knowledge.

**\*\*NOTE: All information must be complete for a contact or emergency contact to be valid. \*\***

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RECORDED MESSAGE DISCLAIMER FOR ALL REGISTRATION PACKETS**

Please Note: District 202 uses a message system incorporating recorded telephone calls, emails and text messages to communicate a wide range of emergency and non-emergency information with families.

This system operates through traditional land lines (telephone messages), computers (emails) and personal smart phones (telephone messages, text messages, apps, etc.).

District 202 will use all contact information provided on this form for automated telephone and text messages. You may contact your school directly to modify how you receive automated telephone and text messages, or to 'opt out' of such communications altogether.

Any modifications to how you receive automated telephone and text messages will not affect your school's ability to reach you through other communications, and will not affect your school's ability to use automated telephone and text messages for emergencies.