

# GERMANTOWN HILLS SCHOOL DISTRICT #69

Germantown Hills Elementary School  
Kindergarten – 4<sup>th</sup> Grade  
103 Warrior Way  
Germantown Hills, IL 61548

EMAIL – <http://ghills.metamora.k12.il.us>  
(309) 383-2121

Germantown Hills Middle School  
5<sup>th</sup> - 8<sup>th</sup> Grade  
103 Warrior Way  
Germantown Hills, IL 61548

## REGISTRATION FORM

**Instructions: Please fill out this form for each child and return as soon as possible to the appropriate school office.**

\*A certified copy of birth certificate required for all students enrolling for the first time in District #69.

State ID# \_\_\_\_\_ Entry Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Office Use Only) (Office Use Only)

Enrolling in Grade \_\_\_\_\_  Kindergarten Full Day  Kindergarten Half Day

LEGAL Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Male  Female Student's Nickname: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month/Day/Year City State County

Student's Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_ **List phone number in directory?  Yes  No**

**Ethnicity:** Is the student Hispanic/Latino?  yes  no **Race:** What is the student's race?:  American Indian/Alaska Native  Asian  White  
 Black/African American  Native Hawaiian/Pacific Islander  Two or More Races (Please Specify) \_\_\_\_\_

### Home Language Survey

1. Is a language other than English spoken in your home?  yes  no (If yes, what language?) \_\_\_\_\_

2. Does your child speak a language other than English?  yes  no (If yes, what language?) \_\_\_\_\_

## CONTACT INFORMATION

Student Resides With:  Both Parents  Father & Stepmother  Mother & Stepfather  Father (Sole Guardianship)  Mother (Sole Guardianship)  
 Legal Guardian  Foster Parents Is custodial parent active duty military? Y/N

LEGAL Father's Name: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Father's Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father's Cellular Phone: ( ) \_\_\_\_\_ Father's Business Phone: ( ) \_\_\_\_\_

Father's Employer: \_\_\_\_\_

LEGAL Mother's Name: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Mother's Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Cellular Phone: ( ) \_\_\_\_\_ Mother's Business Phone: ( ) \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Stepfather's Name: \_\_\_\_\_ (If applicable)

Cellular Phone: ( ) \_\_\_\_\_ (If applicable)

Business Phone: ( ) \_\_\_\_\_ (If applicable)

Sibling's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sibling's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Sibling's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sibling's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Sitter's Name: \_\_\_\_\_ (If applicable) Phone Number: ( ) \_\_\_\_\_ Cellular Phone Number: ( ) \_\_\_\_\_

Sitter's Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

CONTINUE TO NEXT PAGE

## HEALTH & EMERGENCY INFORMATION

Hospital you prefer in case of an emergency: \_\_\_\_\_

Should your child be wearing glasses at school? yes no Does your child have hearing loss? yes no

Permission for office to share medical information with staff as needed yes no

Please list any **prescription** drugs child needs at school (**Medical Authorization Form required**) \_\_\_\_\_

Please list any allergies: (**Allergy Action Plan Form required**) \_\_\_\_\_

### If parents are not available please list additional people to contact in the event of an emergency or illness.

1. Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ Cellular Phone Number: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ Cellular Phone Number: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ Cellular Phone Number: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

## ENROLLMENT INFORMATION

Last School Attended: \_\_\_\_\_

School's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Prior School's Phone Number: ( ) \_\_\_\_\_

In what grade did your child first enter school in the U.S.A.? \_\_\_\_\_ Date of enrollment in U.S.A. school? \_\_\_\_\_  
Month/Year

## SPECIAL SERVICES

Is your child receiving Special Education Services? yes no ► If yes, please attach a copy of the student's current I.E.P. ◀

Does your child have a current 504 plan? yes no ► If yes, please attach a copy of the student's current 504 plan ◀

Does your child receive Reading/Title I Support? yes no

Please check the services your child is currently receiving: Speech Therapy Services Occupational Therapy Services Physical Therapy Services

Counseling Services Visual or Hearing Services

## TRANSPORTATION

**A child may ride ONLY one bus. Your child must be picked up and dropped off from the same bus. If your daycare provider is not on your home route that means that your child will ALWAYS be picked up and dropped off at your daycare site.**

My child will be transported to and from school by: School Bus Driven by parent/day care provider Walk

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

Please list any additional physical, social, or emotional situations that might affect your child's behavior or performance at school.

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