

Germantown Hills Elementary School
Kindergarten – 4th Grade
103 Warrior Way
Germantown Hills, IL 61548

GERMANTOWN HILLS SCHOOL DISTRICT #69

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

Germantown Hills Middle School
5th - 8th 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.

Enrolling in Grade _____ Student ID# _____ State ID# _____ Entry Date _____
(Office Use Only) (Office Use Only) (Office Use Only)

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: () _____ Primary E-mail: _____

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** military duty? Y/N

If you **DO NOT** own/rent your own home, please check all that apply below:

- In a motel Moving from place to place/couch surfing In a shelter In someone else's house or apartment with another family
 In a residence with inadequate facilities (no water, heat, electricity, etc. A car, park, campsite, or similar location Transitional Housing
 Other _____

LEGAL Father's Name: _____ Father's E-mail: _____
Father's Address _____ City: _____ State: _____ Zip Code: _____
Father's Cellular Phone: () _____ Father's Business Phone: () _____
Father's Employer: _____

LEGAL Mother's Name: _____ Mother's E-mail: _____
Mother's Address _____ City: _____ State: _____ Zip Code: _____
Mother's Cellular Phone: () _____ Mother's Business Phone: () _____
Mother's Employer: _____

Stepfather's Name: _____ (If applicable) Stepmother's Name: _____ (If applicable)
Cellular Phone: () _____ Cellular Phone: () _____
Business Phone: () _____ Business Phone: () _____

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: _____

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

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

Signature _____ Date: _____