

# Enrollment & Emergency Form



Previously attended D23 school	Y	N
Power School #		
Date of Enrollment		
Grade/School		
Teacher		
Transportation		

Student Name:	Gender	M	F
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Home Phone:
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Address:
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Parent Mailing Name (e.g. Mr. & Mrs. John Smith)
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2 <sup>nd</sup> Parent Mailing Name & Address:
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DOB:	Born Outside the US	Y	N	City of Birth:
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Country of Birth:	Date FIRST Entered US:
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Name/City of School Last Attended:
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Preschool?	Y	N	If yes, number of years?
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Specially tested for instructional purposes?	Y	N	Explain:
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Retained or Double Promoted?	Y	N	Explain:
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Health Issues?	Y	N	Explain:
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Student Services (please check all that apply)									
None	ELL/ESL	IEP	504	Speech	Reading	Math	Gifted	Health	Other

Explain:
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Parent/Guardian 1:
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Email:	cell #
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Occupation	work #
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Parent/Guardian 2:
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Email:	cell #
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Occupation	work #
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<b>Step/Guardian</b>									
S/G work #					S/G cell #				
<b>Legal Custody</b>	Both	Mother only	Father only	Other	<b>Lives With</b>	Both	Mother only	Father only	Other
<i>Is either parent a member of the Army, Navy, Air Force, Marine Corps, or Coast Guard and on full-time duty in active military service of the United States?</i>							Parent 1		Both
							Parent 2		Other
Are there any special family circumstances that the school should be aware of?									
Names and ages of other children in the home:									
<b>Emergency Contact Information</b>									
1. Emergency Name					Relationship to child				
Home #			Cell #			Work #			
2. Emergency Name					Relationship to child				
Home #			Cell #			Work #			
<b>Call order – Please number 1-9 in order of call preference</b>									
Home	Parent 1 cell	Parent 1 work	Parent 2 cell	Parent 2 work	S/G cell	S/G work	ER 1	ER 2	
Dr. Name					Dr. Phone				
<p><b>Emergency Consent:</b>  I hereby certify that I have legal custody of this child and authorize the school, in case of emergency and I cannot be reached, to 1) contact and release my child for care to the persons listed as emergency contacts; and/or 2) take such action as may be deemed necessary including transportation of the student to a hospital or medical center; and/or 3) authorize emergency treatment by qualified paramedics or by a licensed medical doctor in the event of a medical emergency which, in the opinion of the school official, paramedics or attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. In the event I want to forgo life-sustaining treatment for my child, I must submit a written order signed by my child's physician, consistent with Board Policy 7:275, Orders to Forgo Life-Sustaining Treatment. The written order must be sent to the Office of the Superintendent, Prospect Heights School District 23, 700 N. Schoenbeck Road, Prospect Heights, IL 60070</p> <p>I acknowledge emergency consent authority.</p> <p>Parent/Guardian Signature: _____</p>									