



**ELMWOOD PARK COMMUNITY SCHOOL DISTRICT 401  
NEW STUDENT DATA FORM FOR SCHOOL YEAR 2011-2012**

**STUDENT INFORMATION** (please print)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_ Elmwood Park IL 60707

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Birthplace (city, state, country): \_\_\_\_\_

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

1<sup>st</sup> time in U.S. school (please circle):      YES              NO

Student lives with (please check all that apply):

<input type="checkbox"/> Both parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father
<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Foster Care
<input type="checkbox"/> Other	<input type="checkbox"/> Guardian	

Parents' marital status (please check one):

<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated
<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Other

**PARENT/GUARDIAN INFORMATION**

Father's name (first, last): \_\_\_\_\_

Father's address (if different than student): \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's name (first, last): \_\_\_\_\_

Mother's address (if different than student): \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Guardian's name (if other than mother/father): \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Siblings (attending District 401 schools)

Name	School	Grade

**EMERGENCY INFORMATION** (must be different than listed above)

Contact #1 name (first, last): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Contact #2 name (first, last): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

List medical conditions

Medications	Allergies	Medical Conditions

Medical treatment release:

As a parent and/or guardian, I authorize the treatment by a qualified and licensed medical doctor for the minor listed on this form in the event of medical emergency which, in the opinion of the attending physician, may endanger his or 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. Necessary first aid may be given at school. This release is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_