

CUSD #95 High School Registration Form 2009-2010

Student ID: _____					Grade: <input type="text"/>		School: <input type="text"/>		Student E-mail Address: (Optional)	
Student's Legal Last Name		Legal First Name		Middle Name	(Optional) Nick Name	Gender	Home Language:		Birth Information:	
									Birthdate: _____	
									Birth City: _____	
									Birth State: _____ Birth Country: _____	
Ethnic Code (select one):						<i>Please be as specific as possible; i.e. dialect</i>				
<input type="checkbox"/> 1-American Indian <input type="checkbox"/> 2-Asian <input type="checkbox"/> 3-Black <input type="checkbox"/> 4-Hispanic <input type="checkbox"/> 5-White <input type="checkbox"/> 6-Multiracial										

Parent / Guardian				Bus To School (If eligible) <input type="checkbox"/> Yes <input type="checkbox"/> No		Father's Phone #s		Mother's Phone #s	
				Bus From School (If eligible) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name(s):		Relationship:	Home Phone (primary cell if none):			Mobile 1: _____		Mobile 1: _____	
						Mobile 2: _____		Mobile 2: _____	
Street Address:		Apt. #	City, State, Zip:			Work 1: _____		Work 1: _____	
						Work 2: _____		Work 2: _____	
E-mail Address*:			*Providing an e-mail address allows you to access some district software and reduces our expenses . Please print carefully.			Other Phone: _____			

Father's Occupation, Employer, City <input type="text"/>		Mother's Occupation, Employer, City <input type="text"/>	
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Divorced / Separated Parent				Father's Phone #s		Mother's Phone #s			
Name(s):		Relationship:	Home Phone (primary cell if none):			Mobile 1: _____		Mobile 1: _____	
						Mobile 2: _____		Mobile 2: _____	
Street Address		Apt. #	City, State, Zip			Work 1: _____		Work 1: _____	
						Work 2: _____		Work 2: _____	
E-mail Address*:			*Providing an e-mail address allows you to access some district software and reduces our expenses . Please print carefully.			Other Phone: _____			

Emergency Contacts				
<i>List up to 3 - please include at least 1 local contact. Do not include those listed above.</i>				
Name	Work Phone	Mobile Phone	Home Phone	Relationship

**Fees	Before 6/15	After 6/15
Registration Fee	\$190	\$215
Yearbook (optional)	\$54	\$54
TOTAL:	\$244	\$269

Make checks payable to CUSD 95.

Office Use Only	<input type="checkbox"/> Fee Rec'd	Check # <input type="text"/>
	<input type="checkbox"/> Entered in ESchool	Initials <input type="text"/>

**When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer (EFT) from your account or to process the payment as a check transaction. If we process your payment by EFT, the funds may be withdrawn the same day we receive your payment, and your canceled check will not be returned. Please contact (847) 540-4959 if you have a question. If you issue a check that is returned by your financial institution unpaid (NSF, etc) , you will be charged a \$25 service charge.

Parent / Guardian Signature

Date