

CUSD #95 Middle School Registration Form 2009-2010

Student ID:		Grade:	<input type="text"/>	School:	<input style="width:95%;" type="text"/>				
Student's Legal Last Name	Legal First Name	Middle Name	(Optional) Nick Name	Gender	Home Language:	Birth Information:			
						Birthdate: _____			
						Birth City: _____			
Ethnic Code (select one):						Birth State: _____ Birth Country: _____			
<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					Please be as specific as possible; i.e. dialect				

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

Father's Occupation, Employer, City: <input style="width:95%;" type="text"/>	Mother's Occupation, Employer, City: <input style="width:95%;" 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: _____	
Street Address		Apt. #		City, State, Zip		Mobile 2: _____		Mobile 2: _____	
E-mail Address*:				*Providing an e-mail address allows you to access some district software and reduces our expenses . Please print carefully.		Work 1: _____		Work 1: _____	
						Work 2: _____		Work 2: _____	
						Other Phone: _____			

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

**Fees	Before 6/15	After 6/15
Grades 6-8	\$150	\$175
Yearbook	\$26	\$26

Make checks payable to CUSD 95.

Office Use Only	<input type="checkbox"/> Fee Rec'd	Check # <input style="width:20%;" type="text"/>
	<input type="checkbox"/> Entered in ESchool	Initials <input style="width:20%;" 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 _____