1311 Vandalia Road Hillsboro, IL 62049 *Hillsboro Community Unit School District #3* 217-532-2942

Today's Date :_____/_____/_____

HCUSD #3 STUDENT ENROLLMENT FORM

Student's: Last Name | First Name | Middle Name | Preferred or Nick Name

Sex: | Birthdate: | Birth Certificate: (County/State) /

Has this child attended a Hillsboro School before? YES____NO _____

Grade _____

Teacher_____

School Bus #_____

Please indicate who the student is living with:
1-father & mother
2-father
3-mother
4-guardian
5-other _____

Parent/Guardian Information:

Name_____

Street:_____P.O. Box_____

City & Zip_____, IL _____

Home Phone: _____

Cell Phone: _____

Email address: _____

Does this student have an Individualized Education Plan?
YES _____ NO _____
ACTIVE DUTY MILIARY (REQUIRED)
YES _____ NO _____

Mother's Name | Mother's Occupation & Place of Employment | Mother's Work Phone Number

Father's Name | Father's Occupation & Place of Employment | Father's Work Phone Number

Please check the box next to any above phone number you DO NOT wish to have called as part of the Instant Messaging phone system.

Emergency Information: In order to safeguard your child in case of early dismissal, illness, or accident: If you do not have a phone or cannot be reached, whom shall we contact and where shall we send your child?

Relative/Friend #1 :	Name:	Relationship:	Phone:
Relative/Friend #2 :	Name:	Relationship:	Phone:

Doctor's Info :	Doctor:	Doctor's Phone:
Hospital's Info:	Hospital's Name:	Hospital's Phone:

Child covered by: (Mark one) _____Insurance _____Medical Card _____All Kids _____Not covered

Health History	Yes	No
ADD/ADHD		
Heart		
Seizures		
Asthma		
Diabetes		
Glasses		
Hearing aid		

Allergies (food or medicine): _____

_____

Please state all medications being taken:

1.

2.

3.

Ethnic Code: (Check one)

Asian_____ Hispanic_____

Black_____ White_____

American Indian_____Multi-Racial_____

Other:_____

Is a language other than English spoken in the student's home? Yes_____No _____
If yes, which language?_____

Does the student speak a language other than English? Yes_____No _____
If yes, which language? _____

ADDITIONAL COMMENTS:

Consent of Parent/Guardian: I agree to the release of health information on my child to appropriate school or health authorities and to Medicaid as needed for reimbursement.

Signature:_____X Date:_____X