

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 Military? 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 _____

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: _____ Date: _____
Beckemeyer Elementary 532-6994 Coffeen Elementary 534-2314 Hillsboro Junior High 532-3742 Hillsboro High School 532-2841