

**SANDOVAL ELEMENTARY SCHOOL
REGISTRATION FORM**

Date: ___/___/___

Student's Last Name: _____ First: _____ Middle: _____

Social Security Number: ___/___/___ Date of Birth: ___/___/___ Gender: M F

Street Address: _____ P.O. Box: _____

City: _____ State: IL Zip: _____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Email Address: _____

Student Lives with: ___ Parents ___ Mother ___ Father ___ Guardian ___ Other (Please list) _____

Grade: _____ Rides Bus? Y N Bus Driver: _____ (If known)

Mother's Maiden Name: _____ Child's Birthplace: _____
(City, State)

Guardian or Father's Name: _____ Guardian or Mother's Name: _____

Address: _____ Address: _____

Place of Employment: _____ Place of Employment: _____

Business Ph: (____) ____ - ____ Business Ph: (____) ____ - ____

Cell Ph: (____) ____ - ____ Cell Ph: (____) ____ - ____

Emergency Contacts: (Emergency contacts are only called if parent(s) are not reached or are unavailable)

Name: _____ Relationship: _____ Phone: (____) ____ - ____

Name: _____ Relationship: _____ Phone: (____) ____ - ____

Physician's Name: _____ Phone: (____) ____ - ____

CONFIDENTIAL INFORMATION

Complete only if it shows (1) your child's current living situation; or (2) your living situation if you are a youth not living with a parent or guardian.
Check the appropriate box:

- | | |
|--|--|
| <input type="checkbox"/> Shelter | <input type="checkbox"/> With relatives or others due to lack of housing |
| <input type="checkbox"/> Motel/hotel, camping ground, or other similar situation due to lack of alternative, adequate housing due to the loss of housing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Train or bus station, park, or in a car | <input type="checkbox"/> Disaster victim? Explain: _____ |
| <input type="checkbox"/> Abandoned apartment/building | _____ |

Is there a current Order of Protection or No Contact Order which concerns the student? Yes No