

**MARENGO COMMUNITY HIGH SCHOOL – DISTRICT 154**  
**STUDENT INFORMATION FORM**

Date Completed: \_\_\_\_\_ Entry Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Grade: Level: \_\_\_\_\_ Gender: Male or Female (circle one)

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(City/County/State)

Residence Address: \_\_\_\_\_  
(Include P O Box #)

Other siblings enrolled in school, indicate school name and grade level: \_\_\_\_\_  
\_\_\_\_\_

**Mother/Step-mother/Guardian**  
(Circle one)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Cell/Pager #: ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Father/Step-father/Guardian**  
(Circle one)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Cell/Pager #: ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Non-Custodial Parent Information:**

**\*\*\*If you want this parent to receive duplicate mailings or if they are entitled to duplicate please give information below.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Child is living with: Both Parents \_\_\_\_\_

Father/Stepmother \_\_\_\_\_

Father only \_\_\_\_\_

Mother/Stepfather \_\_\_\_\_

Mother only \_\_\_\_\_

Other \_\_\_\_\_

**(OVER)**

Previous School Attended: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Entry Date: \_\_\_\_\_ Exit Date: \_\_\_\_\_

**Services Received at Previous School:**

\_\_\_\_\_ Gifted \_\_\_\_\_ ELL \_\_\_\_\_ Reading \_\_\_\_\_ Math \_\_\_\_\_ Speech \_\_\_\_\_ Social Work

Special Education (i.e. any IEP) (Please indicate) \_\_\_\_\_

504 Accommodation (Please indicate) \_\_\_\_\_

Other: (Please indicate) \_\_\_\_\_

**Race:** \_\_\_\_\_ White \_\_\_\_\_ Black or African American \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Asian  
\_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Native Hawaiian or Other Pacific Islander  
\_\_\_\_\_ Multiracial (two or more) Other: (Please specify) \_\_\_\_\_

Migrant: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Home Language Survey**

Is a language other than English spoken in daily interaction in your home? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child speak a language other than English? \_\_\_\_\_ If yes, indicate Language: \_\_\_\_\_

Does your child speak English? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the student was NOT born in the U.S., when did the student come to the USA? \_\_\_\_\_  
(Month/Date/Year)

**EMERGENCY INFORMATION**

If we are unable to contact parents in case of illness, injury or emergency, who shall we call and to whom may we release your child to:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

Chronic Medical Conditions: \_\_\_\_\_

**NON-RELEASE OF INFORMATION**

**If you wish to request that information concerning your child not be released please check box.**

Under the NO CHILD LEFT BEHIND ACT OF 2001, I request that no demographic information be provided to MILITARY RECRUITERS/POST SECONDARY INSTITUTIONS concerning my child. This request shall remain in effect for the duration of my child's enrollment at Marengo Community High School until my child turns 18 or until I rescind it in writing.

This form was completed by: \_\_\_\_\_  
Signature Date