Freeburg C.C.S.D. #70 Registration Form Date_____

Student's Name (Last)		(First)	(Middle)	
Phone	Boy	Girl		
Date of Birth	Age	Grade		
Street		City	Zip	
School Last Attended		Address		
Grade Last Attended Spe	ecial Classes Att	tended		
Name of Father or Legal Guardian			Cell Phone	
Email Address:				
Street				
Employer				
Name of Mother or Legal Guardian			Cell Phone	
		Home Phone		
Street				
Employer_				
Child Living With:ParentsMother Are there custody arrangements? YES Ethnic Group:Hispanic or Latino Names of brother & sisters attending this	NO WhiteE	BlackAmerican	IndianAsian or Pacific Islands	
			Grade	
			Grade	
If parents cannot be reached in an em Name	· · · · · · · · · · · · · · · · · · ·	Pho	ne	
Name		D1		
My child has permission to go on Dist #70, as designated by the sch (Parents will be notified of such d Signature of Parent or Guardia School Year_	oolYES esignated Field T	NO rips.)	s of Freeburg Elementary School	
Does anyone in this household speak a langu If so, what language is spoken in the home?				
Does the student speak a language other than If so what language?				