

**Freeburg Community Consolidated School Dist. #70**

I.D.# \_\_\_\_\_

Grade \_\_\_\_\_ Date \_\_\_\_\_

Student's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Phone \_\_\_\_\_ Social Security # \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

School Last Attended \_\_\_\_\_ Address \_\_\_\_\_

Grade Last Attended \_\_\_\_\_ Special Classes Attended \_\_\_\_\_

Name of Father or Legal Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Mother or Legal Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Child Living With:	Parents	Mother	Father	Legal Guardian	Foster	Other
Ethnic Group:	Hispanic	Latino	White	Black	American Indian	Asian or Pacific Islands

Student's Bus Number: A.M. P.M.

Names of brother & sisters attending this school: \_\_\_\_\_ Grade  
\_\_\_\_\_ Grade  
\_\_\_\_\_ Grade

If parents cannot be reached in an emergency, call:

Name	Phone
Name	Phone

My child has permission to go on Field Trips with the students and teachers of Freeburg Elementary School Dist #70, as designated by the school.  YES  NO  
(Parents will be notified of such designated Field Trips.)

Signature of Parent or Guardian \_\_\_\_\_

School Year \_\_\_\_\_

Does anyone in this household speak a language other than English?  
If so, what language is spoken in the home? \_\_\_\_\_

Does the student speak a language other than English?  
If so, what language? \_\_\_\_\_