

# CHAMPAIGN COMMUNITY SCHOOL DISTRICT #4 NEW HIGH SCHOOL STUDENT REGISTRATION FORM

ACADEMIC YEAR: 20\_\_\_\_ - 20\_\_\_\_

## STUDENT INFORMATION

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

**Date of Birth:** \_\_\_\_\_ **Sex:**  Girl  Boy  
Month/Day/Year

**Address:** \_\_\_\_\_  
Street Address, City, Zip

**Home Phone:** ( ) \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Last School Attended & Grade:** \_\_\_\_\_

<b>ETHNIC</b> <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <hr/> <b>RACE</b> <input checked="" type="checkbox"/> CHOOSE ONE OR MORE <input type="checkbox"/> (01) White <input type="checkbox"/> (02) Black or African-American <input type="checkbox"/> (04) Asian <input type="checkbox"/> (05) Native American/Alaskan <input type="checkbox"/> (06) Native Hawaiian/Pacific Islander
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<b>CHILDREN OF U.S. MILITARY PERSONNEL</b> Is parent/guardian actively deployed or anticipating deployment during this school year? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>SPECIAL EDUCATION SERVICES RECEIVED OR 504:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Services Received: _____
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## FAMILY INFORMATION

**Lives with**  Parents  Mother Only  Father Only  Guardian  Grandparents  Foster Parents

**Guardian 1:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
Last Name First Name One per family

**Employer:** \_\_\_\_\_ **Daytime/Work Phone:** ( ) \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_

**Guardian 2:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
Last Name First Name

**Address:** \_\_\_\_\_  
Address only if different than Guardian 1

**Employer:** \_\_\_\_\_ **Daytime/Work Phone:** ( ) \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_

LANGUAGE INDICATED ON HOME LANGUAGE SURVEY: _____ ESL IN PREVIOUS SCHOOL: <input type="checkbox"/> YES <input type="checkbox"/> NO COUNTRY OF ORIGIN/BIRTH: _____ DATE FIRST ENROLLED IN U.S. SCHOOLS: _____
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## List Other School-Age Children:

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_ Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_ Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_

## EMERGENCY INFORMATION

**Emergency Contact:** \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Relationship Daytime Phone

**Daily Medications:** \_\_\_\_\_ Will the medication be administered during the school day?  
 Yes  No

**Health Restrictions:** \_\_\_\_\_ **Family Physician:** \_\_\_\_\_ **Telephone:** ( ) \_\_\_\_\_

<b>IMPORTANT: In an extreme medical emergency, your child will be taken by ambulance to the hospital that you identify below. Please select a hospital and sign your name.</b> <input type="checkbox"/> Carle Trauma Center <input type="checkbox"/> Presence Covenant Medical Center <span style="margin-left: 50px;">Parent/Guardian Signature: _____</span> In case of emergency, efforts will be made to contact you for your direction. All medical fees are the parent(s)/guardian(s) responsibility.
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\*\*\*Are you currently expelled from your previous district?  Yes  No

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I certify that the information provided on this form is true.*

**Champaign Community Unit District #4 Schools**  
**Verification of Residence Form (9-12)**

**TO BE COMPLETED BY PARENT/GUARDIAN**

Student \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s)/Legal Guardian(s) \_\_\_\_\_

Total # Adults in Household \_\_\_\_\_ Total # Children in Household \_\_\_\_\_

Address of Residence \_\_\_\_\_

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

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR USE BY SCHOOL PERSONNEL ONLY**

- 1. Student is living with parent(s) at the address stated above. (May proceed with registration.)
- 2. Student is living with legal guardian at the address stated above. A certified copy of the court order establishing guardianship was received declaring the district resident to be the legal guardian of the student, and further declaring that the guardianship was formed for a purpose other than establishing residency for school district and educational purposes. (May proceed with registration.)
- 3. Student is living with custodial adult or relative other than parent/legal guardian. (Do not proceed with registration – refer to Director of Student Services at the District Office.)
- 4. Unable to determine residence or custody. (Do not proceed with registration – refer to Director of Student Services at the District Office.)

**ITEMS USED TO VERIFY RESIDENCE (two required):**

**NOTE: If parent/guardian cannot furnish item(s) listed below, refer to Director of Student Services at the District Office.**

- 1. Apartment or house lease or home purchase agreement
- 2. Mortgage documents/property deed/payment record/building permit (60 days occupancy)
- 3. Voter's registration card
- 4. Current driver's license
- 5. Other documents acceptable to administration (current utility bills are acceptable)

Signature of School Representative: \_\_\_\_\_ Date: \_\_\_\_\_



E.H. Mellon Administrative Center

703 S. New Street  
Champaign, Illinois 61820-5818

Telephone: (217) 351-3800  
FAX: (217) 351-3871

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Name/Relationship of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that by completing this form, health information may be shared with District staff in order to ensure the health and safety of the student while at school or on school-provided transportation

### STUDENT HEALTH HISTORY

Champaign Unit 4 School District recognizes the important role of your child’s health and physical well-being in the learning environment. Please take a few minutes to complete this brief health survey.

(Circle Yes or No)		
1. Has your child been diagnosed with asthma?	Yes	No
• Is your student currently being treated for asthma?	Yes*	No
2. Does your child have allergies?	Yes*	No
Allergic to _____		
Reaction _____		
Does your child require an EpiPen?	Yes*	No
3. Has your child been diagnosed with epilepsy or a seizure disorder?	Yes	No
• Is your student currently being treated for epilepsy or seizures?	Yes*	No
4. Does your child have diabetes?	Yes*	No
5. Does your child have sickle cell or history of a crisis?	Yes*	No
• Is your student currently being treated for sickle cell?	Yes*	No
<b>*** If you answered yes to any of the questions above, please ask for and complete an action plan or medical management plan!***</b>		

6. Does your child have any physical disabilities or limitations?      Yes                  No  
If yes, please explain:

7. Does your child need to take medications during school hours?      Yes\*                  No  
**If yes, please have the “Permit for Authorized Personnel to Administer/Distribute Medication During School Hours” form completed and returned to school office.**

8. Are there any other concerns about your child’s health at school you would like us to know about?      Yes                  No  
**If yes, please explain:**



## Champaign Community Unit 4 Schools

### *Military Recruiter and Postsecondary Institutions Receiving Student Directory Information*

From time to time, military recruiters and postsecondary educational institutions request the names, telephone numbers, and addresses of our secondary students. The school must provide this information unless the parent/guardian request that it not be disclosed without their prior written consent. Such information may include the student's name, address, telephone number, gender, grade level, birth date and place, and the names and addresses of parents/guardians.

**IMPORTANT: If you do not want military recruiters or institutions of higher learning to be given this information, please complete the form below.**

#### TO BE SUBMITTED TO THE BUILDING PRINCIPAL

Please DO NOT release my child's name, address, telephone number, gender, grade level, birth date and place, and the names and addresses of parents/guardians to (please check all that apply):

- Military Recruiters
- Postsecondary Institutions

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

Illinois State Board of Education

New U.S. Department of Education Race and Ethnicity Data Standards

**Note:** The student's parents or guardians should respond to both questions (Part A and Part B). If the parents or guardians decline to respond to either question (Part A or Part B), school district staff are required to provide the missing information by observer identification.

**Student's Name:** \_\_\_\_\_ **SIS ID:** \_\_\_\_\_

**INSTRUCTIONS:** This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

**Part A. Is this student Hispanic/Latino?** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Choose only one.**

- No, not Hispanic/Latino
- Yes, Hispanic/Latino

*The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.*

**Part B. What is the student's race?** **Choose one or more.**

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

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**Note:** Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.

# Home Language Survey

Student's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ENGLISH

1. Is a language other than English spoken in your home?  No  Yes \_\_\_\_\_ (specify language)
2. Does your child communicate in a language other than English?  No  Yes \_\_\_\_\_ (specify language)
3. Which language did your child learn first? \_\_\_\_\_ (specify language)
4. In which language do you prefer to receive information from the school? \_\_\_\_\_ (specify language)
5. What is your relationship to the child?  Father  Mother  Guardian  Other (specify) \_\_\_\_\_

## ESPAÑOL (SPANISH)

1. ¿Se habla otro idioma que no sea el inglés en su casa?  No  Sí \_\_\_\_\_ (especifique idioma)
2. ¿Habla el estudiante un idioma que no sea el inglés?  No  Sí \_\_\_\_\_ (especifique idioma)
3. ¿Cuál fué el primer idioma que aprendió su hijo/a? \_\_\_\_\_ (especifique idioma)
4. ¿En que idioma prefiere recibir comunicaciones de la escuela? \_\_\_\_\_ (especifique idioma)
5. ¿Cuál es su relación con el estudiante?  Padre  Madre  Guardián  Otro (especifique) \_\_\_\_\_

## FRANÇAIS (FRENCH)

1. Parle-t-on une autre langue que l'anglais chez vous ?  Non  Oui \_\_\_\_\_ (veuillez préciser la langue)
2. Votre enfant parle-t-il une autre langue que l'anglais ?  Non  Oui \_\_\_\_\_ (veuillez préciser la langue)
3. Quelle langue votre enfant a-t-il apprise en premier ? \_\_\_\_\_ (veuillez préciser la langue)
4. Dans quelle langue préférez-vous recevoir les communications de l'école ? \_\_\_\_\_ (veuillez préciser la langue)
5. Quelle est votre lien de parenté avec l'enfant ?  Père  Mère  Tuteur  Autre (veuillez préciser) \_\_\_\_\_

## Korean

1. 집안에서 영어외에 다른 언어를 사용하시나요?  네  아니오 \_\_\_\_\_ (사용한다면 어떤 언어인가요)
2. 아이가 대화할때 영어외에 다른 언어를 사용하시나요?  네  아니오 \_\_\_\_\_ (사용한다면 어떤 언어인가요)
3. 아이가 어떤 언어를 가장 먼저 배웠나요? \_\_\_\_\_ (어떤 언어였는지 명시해 주세요)
4. 학교에서 나가는 통신문/알림글을 어떤 언어로 받고 싶으신가요? \_\_\_\_\_ (언어를 명시해 주세요)
5. 아이와의 관계가 무엇인가요?  아빠  엄마  가디언  기타 (관계를 명시해 주세요) \_\_\_\_\_

## CHINESE

1. 除了英语之外，您家是否还说其他语言？  
○ 否 ○ 是 \_\_\_\_\_ (请说明是哪种语言)
  2. 除了英语之外，您的孩子是否还说其他语言？  
○ 否 ○ 是 \_\_\_\_\_ (请说明是哪种语言)
  3. 您的孩子最先学习的是哪种语言？ \_\_\_\_\_ (请说明是哪种语言)
  4. 您希望学校用哪种语言授课？ \_\_\_\_\_ (请说明是哪种语言)
  5. 您与孩子的关系？  
○ 父亲 ○ 母亲 ○ 绚 ○ 其他 (请说明) \_\_\_\_\_
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## Tiếng Việt (VIETNAMESE)

1. Có nói tiếng nào khác tiếng Anh không được nói ở nhà quý vị không?  
 Không  Có \_\_\_\_\_ (hãy cho biết tiếng nào)
  2. Con quý vị có nói tiếng nào khác tiếng Anh không?  
 Không  Có \_\_\_\_\_ (hãy cho biết tiếng nào)
  3. Con quý vị đã học tiếng nào đầu tiên? \_\_\_\_\_ (hãy cho biết tiếng nào)
  4. Quý vị muốn nhận được thông tin từ trường học bằng tiếng nào?  
\_\_\_\_\_ (hãy cho biết tiếng nào)
  5. Quý vị có quan hệ như thế nào đối với con?  
 Cha  Mẹ  Người giám hộ  Quan hệ khác (hãy cho biết) \_\_\_\_\_
- 

## ARABIC

١. هل توجد لغة أخرى منطوقة في منزلك بخلاف اللغة الإنجليزية؟  
○ لا ○ نعم \_\_\_\_\_ (حدد اللغة)
  ٢. هل يتواصل طفلك مع غيره بلغة أخرى بخلاف اللغة الإنجليزية؟  
○ لا ○ نعم \_\_\_\_\_ (حدد اللغة)
  ٣. ما أول لغة تعلمها طفلك؟ \_\_\_\_\_ (حدد اللغة)
  ٤. بأي لغة تفضل أن تستقبل المعلومات من المدرسة؟ \_\_\_\_\_ (حدد اللغة)
  ٥. ما العلاقة التي تربطك بالطفل؟  
○ والده ○ والدته ○ الوصي عليه ○ صلة أخرى (الرجاء التحديد) \_\_\_\_\_
-





703 South New Street  
Champaign, Illinois 61820-5818

Telephone: (217) 373-7357  
FAX: (217) 351-3939

**Encuesta de Estudiantes Migratorios**

Nombre del estudiante: \_\_\_\_\_

¿Tiene este niño/a un padre/tutor legal que es un trabajador agrícola migratorio, trabajador de lechería migratorio, o un pescador migratorio?

- Sí                                       No

\_\_\_\_\_  
Firma del Padre, Madre o Tutor Legal

\_\_\_\_\_  
Fecha

**Migrant Survey**

Student's Name: \_\_\_\_\_

Does this child have a parent/legal guardian who is a migratory agricultural worker, migratory dairy worker, or migratory fisher?

- Yes                                       No

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date



## ESL, Bilingual Education

703 South New Street  
Champaign, Illinois 61820-5818

Telephone: (217) 373-7357  
FAX: (217) 351-3939

*One Voice ~ One Vision  
Equity & Excellence for All*

### Report Card Waiver (English)

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

I consent to receiving my child's report card in English.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

### Renuncia de la tarjeta de calificaciones/notas (Spanish)

Fecha: \_\_\_\_\_ Nombre del estudiante: \_\_\_\_\_

Doy mi consentimiento para recibir la tarjeta de calificaciones/notas de mi hijo en inglés.

Firma del Padre \_\_\_\_\_

Fecha \_\_\_\_\_

### 성적표 동의 (Korean)

날짜: \_\_\_\_\_ 학생 성명: \_\_\_\_\_

본 자녀의 성적표를 받을 시 영어로 기록된 성적표를 받는 것에 동의합니다.

학부모 서명 \_\_\_\_\_

날짜 \_\_\_\_\_

Miễn Về Phiếu Điểm (Vietnamese)

Ngày: \_\_\_\_\_ Tên Học Sinh: \_\_\_\_\_

Tôi đồng ý nhận phiếu điểm của con tôi bằng Anh Ngữ.

Chữ Ký Của Cha Mẹ

Ngày

Exonération de bulletin scolaire (French)

Date: \_\_\_\_\_ Nom de l'enfant : \_\_\_\_\_

J'accepte de recevoir le bulletin scolaire de mon enfant en Anglais.

Signature du parent

Date

英文成績單同意書 (Chinese)

日期 \_\_\_\_\_ 學生姓名: \_\_\_\_\_

本人同意校方僅需提供學童英文成績單, 不需提供中文成績單

家長簽名

日期



E.H. Mellon Administrative Center  
Champaign Unit School District #4  
701 South New Street  
Champaign, IL 61820  
217-351-3800

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## MEDIA AND PHOTO RELEASE FORM

In the spirit of promoting better education through awareness, Champaign Unit 4 School District works to highlight the positive activities and achievements of staff and students. As part of these efforts, the District works with local newspapers, radio and television stations, and community partners to capture these stories and share them with the community we serve. The District also produces such content as part of its own publications and website.

**We are requesting your consent for your child to be interviewed or photographed as part of our awareness efforts, and for samples of their work to be featured.**

Please note that by consenting, your child may be identified by name and classroom or school. We understand that some parents may request that we do not identify their child(ren), and provide an opportunity for parents to inform us of their wishes regarding publicity.

Please note, however, that your child's image or likeness may appear in occasional candid photos or video without any type of name identification and the use of these candid photos of your child is permissible. This release form does not apply to photographs taken during extracurricular activities. Students who attend extracurricular activities or events forfeit their rights to retain authority over the publication of photos taken.

Your permission helps celebrate the achievements of all of our students.

- 
- Yes. I hereby grant permission for \_\_\_\_\_ to have his/her picture taken by Unit 4 employees, student teachers, community partners or representatives of the media while involved in a District-sponsored activity during the school day and/or to use samples of his/her work. I understand that my student may be identified as participating in a special instructional program, e.g. special education, gifted, etc. By giving permission for him/her to be photographed or videotaped, I am giving permission for possible identification of him/her in the photographs and/or video. I understand that any picture or student work is to be used for educational purposes and may be reproduced in print or electronic media.
- No. I do not grant permission for \_\_\_\_\_ to have his/her picture taken by Unit 4 employees, student teachers or representatives of the media while involved in a District-sponsored activity and/or to use samples of his/her work. I understand that this may impact the publication of my student's accomplishments.

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Signature of Parent or Guardian

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Date