Central A & M Community Unit District #21 School

New Student Enrollment Form

Enrollment Date:			
STUDENT INFORMATION			
Grade Entering:	****	School:	
Student Name (Last, First, Mi	iddle):		
Nickname:	_ Date of Birth:	Birth Country:	
Gender:	Race/Ethni	city	
Primary Language:	Native Language:		
Student Address:	HIII Market and the second		
County where student reside	s:	Social Security Number:	
Previous School and Address	s/Phone:		
FAMILY:			
Custodial Guardian		Relationship to child:	
Address:			
Email:	***************************************	Phone:	
2nd Custodial Guardian (if ap Address:		Relationship to child	
	Phone:		
Other Family information you	u wish to share:		
	ho is either deploye	who is a member of a branch of the armed forces of the ed to active duty or expects to be deployed to active duty	

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SIU	DENT NAME:	
Cell Phone:		
May this person pick up your child?		
Cell Phone:		
May this person pick up your child?		
Cell Phone:		
May this p	person pick up your child?	
uding yourself)		
Age	Relationship to child	
	Phone #:	
Title I:	Speech Services:	
(Please give dire	ections to your house below)	
ı students attend	ling school to the opposite town of the	
	CelMay this pCelMay this pCelMay this p uding yourself) AgeCity: City: Citle l:	

residence. Times and boarding location information may be acquired at your registration appointment.

Please bring the following student documents with you to your registration appointment:

- Certified copy of Birth Certificate
- Social Security Number for student
- Physical with complete immunization records
- Dental Exam record
- Proof of residency example: Rental Agreement/Mortgage document/Utility Bill