

**Des Plaines Community Consolidated School District 62**  
**Student Registration Form 2020/2021 - Please Print**

**STUDENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**PARENT/GUARDIAN LIVING WITH STUDENT**

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

Circle person student lives with: Both Parents    Mother    Father    Mother/Stepfather    Father/Stepmother    Other

Address: \_\_\_\_\_ Apartment # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

**MOTHER INFORMATION**

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

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

Relationship to Student: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Text messaging: Yes \_\_\_\_\_ No \_\_\_\_\_  
*(standard text messaging rates may apply)*

E-Mail Address: \_\_\_\_\_

**Employer**

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

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

**FATHER INFORMATION**

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

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

Relationship to Student: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Text messaging: Yes \_\_\_\_\_ No \_\_\_\_\_  
*(standard text messaging rates may apply)*

E-Mail Address: \_\_\_\_\_

**Employer**

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

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

**STUDENT MEDICAL INFORMATION**

Family Physician Name: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

*In case of emergency, I give the school authorities permission to call the local doctor named above, or any available doctor if the above is unavailable. I also give such doctor permission to take the necessary emergency measures.*

**Comments:**

\_\_\_\_\_

**Medical Comments:**

\_\_\_\_\_

**Emergency Contacts (Other than parents or guardians)**

**The following to be contacted only if parents cannot be reached, unless otherwise instructed by the parents**

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

Relationship to Student: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

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

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

Relationship to Student: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

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

The above information is correct or I have made the changes that are necessary.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_