ST. JOSEPH COMMUNITY CONSOLIDATED SCHOOL DISTRICT #169

PO BOX 409, ST. JOSEPH, IL 61873

KINDERGARTEN ENROLLMENT FORM

Siblings in the District **YES** **NO** Sibling Name(s) _____ Absence Call Number _____

Legal Name_____ Male Female
First Middle Last

Birth Date_____ Student lives with: Mother Father Both Non-Custodial Parent

Address _____
Number & Street Apt. No. City Zip

Name Used (If different from legal name)_____

Father_____
Name Address Phone #

Father's Employment and #:_____

Father's Cell #_____ Father's Email Address:_____

Mother_____
Name Address Phone #

Mother's Employment and #:_____

Mother's Cell #_____ Mother's Email Address:_____

3rd Emergency Contact _____
Name Phone # Relationship to Child

4th Emergency Contact _____
Name Phone # Relationship to Child

Sitter/Daycare Name & #:_____

Government agencies require periodic reports on the sex and ethnicity of students. This data is for analysis and reporting only. Please check the appropriate category.

( ) White/Not Hispanic ( ) Black/Not Hispanic ( ) American Indian/Alaskan Native ( ) Hispanic ( ) Asian/Pacific Islander

Country of Birth ( ) US ( ) Other _____

English is primary language spoken in the home. (circle one) Yes No If no what language is spoken _____

Guardian of student is an active member of the military. (circle one) Yes No