

Bethalto Community Unit District #8
Bethalto, Illinois 62010
School Enrollment Data

SOCIAL SECURITY NUMBER _____ - _____ - _____ Date Enrolled _____
Grade _____ ID# _____
School _____
Student's Legal Name _____ Sex ___ M ___ F
Last First Middle
Street Address: _____ City: _____
Home Telephone: _____ E-Mail: _____ Cell Phone: _____
Date of Birth: _____ Place of Birth: Town _____ County _____ State _____

Ethnicity: (Check one) ___ No, not Hispanic/Latino ___ Yes, Hispanic/Latino

Race: (Check one or more) American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Is a language other than English spoken in your home? ___ Yes ___ No Language spoken _____
Does your child speak a language other than English? ___ Yes ___ No Language he/she speaks _____

Father's Name: _____ Mother's Name: _____
Last First Last First

Address: _____ Address: _____

Phone: _____ Cell: _____ Phone: _____ Cell: _____

Father's Place of Employment: _____ Mother's Place of Employment: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Guardian's Name: _____ Guardian's Place of Employment: _____
Last First

Address: _____ Address: _____

Phone: _____ Cell: _____ Phone: _____ Cell: _____

Number of Brothers: Older _____ Younger _____ Number of Sisters: Older _____ Younger _____

Presently living with: (Please check all that apply) ___ Mother ___ Father ___ Both ___ Grandparents ___ Guardian
___ Other -- Name: _____

Parents Marital Status: ___ Married ___ Divorced -- Date _____ ___ Separated -- Date _____
___ Father Deceased -- Date _____ ___ Mother Deceased -- Date _____

Family Physician: _____ Telephone: _____

School last attended: (please be specific) _____

Previously attended a school in the Bethalto School District: ___ Yes ___ No

If Yes, which School? _____

Has an Individual Educational Program (I.E.P.): ___ Yes ___ No

Receives Special Education Services: Speech, Resource, etc.: ___ Yes ___ No

Birth Certificate Attached: ___ Yes ___ No Current Physical Attached: ___ Yes ___ No

(Please complete reverse side)

