STUDENT REGISTRATION INFORMATION
AVON COMMUNITY UNIT SCHOOL DISTRICT #176
2011-2012

STUDENT ID # (to be assigned by the office): _____

FULL NAME: _____ Date of birth: _____
First Middle Last

Grade level: _____ Ethnicity (please circle): White Black Hispanic
Asian Native American Multi-racial

Mailing Address: _____ Home phone: _____

Street Address (if different than mailing address): _____

County of residence: _____

Father's Name: _____ Cell phone: _____

Father's Address (if different): _____

Employed by: _____ Work phone: _____

Active military? If so, what branch? (Optional) _____

Mother's Name: _____ Cell phone: _____

Mother's Address (if different): _____

Employed by: _____ Work phone: _____

Active military? If so, what branch? (Optional) _____

Bus # (to be assigned by the office): _____

Student resides with*: _____

**If the child's residence is not with parent or legal guardian, completion of additional forms may be necessary for the responsible party.*

If the child's parents cannot be reached, please list two persons who will be responsible for the care of this child if injured or ill:

1. Name: _____ Home phone: _____

Cell phone: _____

2. Name: _____ Home phone: _____

Cell phone: _____

If a critical emergency exists, I do hereby give permission to school authorities to obtain emergency care for this child.

Signed: _____ Date: _____
Parent/legal guardian/responsible party

Form updated 6-16-11