

**Staunton Community Unit District #6
Registration Form**

Date _____, 20____

Grade _____ Age _____

STUDENT INFORMATION

Full Name _____ Male _____ Female _____
(Last Name) (First) (Middle)

Date of Birth _____ Place of Birth _____ Student email _____
(Month/Day/Year) (City)

Residence Address _____
(Street) (City) (State) (Zip)

Mailing Address _____
(If different from residence) (Street) (City) (State) (Zip)

Student Cell # _____ Distance to School _____

Last school attended _____ Eligible to ride Bus (Circle One) YES NO

CHILD LIVES WITH: (check one)

_____ Both Mother and Father _____ Mother and Stepfather
_____ Father and Stepmother _____ Mother Only
_____ Father Only _____ Relatives other than Parent
_____ Foster Parents _____ Independently
_____ Other _____

HEALTH CONCERNS (circle one)

Asthma Inhaler ADD Seizures Diabetes Allergies
Other/Explain _____
Family Physician _____
Physician Phone # _____

PARENT/GUARDIAN INFORMATION (Household where child resides)

Father/Guardian _____ Relationship to Child _____ Marital Status _____

Home Phone # _____ Cell Phone # _____

Employer _____ Work # _____

Email Address _____

Mother/Guardian _____ Relationship to Child _____ Marital Status _____

Home Phone # _____ Cell Phone # _____

Employer _____ Work # _____

ADDITIONAL FAMILY INFORMATION (Child does not reside in this household) Receive a report card at this address (circle one) YES NO

Parent/Guardian _____ Relationship to Child _____ Marital Status _____

Address _____
(Street) (City) (State) (Zip)

Home Phone # _____ Cell Phone # _____

Employer _____ Work # _____

Parent/Guardian _____ Relationship to Child _____ Marital Status _____

Home Phone # _____ Cell Phone # _____

Employer _____ Work # _____

EMERGENCY CONTACT (Designate TWO individuals other than yourself.)

1. Name _____ Relationship to Child _____

Primary Phone # _____

2. Name _____ Relationship to Child _____

Primary Phone # _____

If in the judgment of the school authorities immediate treatment is urgent, and neither parent can be reached, I authorize Staunton Community Unit School District #6 to call 911 and transport my child for treatment. I authorize the school nurse to share information with appropriate staff as necessary.

Parent /Guardian Signature _____ Date _____

STAUNTON COMMUNITY UNIT SCHOOL DISTRICT #6
801 N. DENEEN ST.
STAUNTON, IL 62088

STUDENT NAME: _____

SIS ID #: _____

INSTRUCTIONS: This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A. Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race.) Choose only one.

- No, not Hispanic/Latino
- Yes, Hispanic/Latino

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.

Part B: What is the student's race? Choose one or more.

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Parent/Guardian's Signature

Date

Note: Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.

School Use Only: _____

Race and ethnicity verified by: _____ Date verified: _____

(Both sides of this registration form must be completed.)

STAUNTON CUSD #6
2017-2018 VERIFICATION FORM

REQUIRED FORMS FOR YOU TO COMPLETE AND TURN IN:

1. Parent/Guardian Authorization Form & Affidavit of Residence
2. Student Bus Registration Form

REQUIRED FORMS/POLICIES FOR YOUR RECORDS:

Staunton CUSD #6 *required forms/policies* are accessible online at www.stauntonschools.org

1. Authorization for Electronic Network Access Form
2. Authorization Acknowledgement of Failure to Comply with Cellular Radio Telecommunication Devices Procedures
3. Authorization Acknowledgement for Conducting Suspicion-Based Drug and/or Alcohol Testing of Students
4. Field Trip Form (High School Only)
5. Board Policy 7:180 Preventing Bullying, Intimidation and Harassment
6. Staunton CUSD #6 Handbook

OPTIONAL FORMS FOR YOU TO COMPLETE AND TURN IN:

Please check the box below if you completed this form:

- Release to Leave with a Parent/Guardian from an Away Interscholastic Event

My signature verifies that I have received a copy of the District's Board Policy 7:180 regarding Preventing Bullying, Intimidation and Harassment as well as the aforementioned forms/policies and understand I am responsible for understanding and complying with the policies and procedures specified in each.

Parent/Guardian Name *(please print)*

Parent/Guardian Signature

Date

Student Name *(please print)*

Student Signature

Date

Staunton Community Unit School District #6

Mr. Dan W. Cox, Superintendent

School Year _____ Grade _____ Homeroom/Houseteam _____

**PARENT/GUARDIAN AUTHORIZATION FORM
&
AFFIDAVIT OF RESIDENCE**

STATE OF ILLINOIS, COUNTIES OF MACOUPIN/MADISON

(I) (We), _____ having first been sworn upon (my) (our) oath depose and say as follows:

That (I am) (We are) the (circle one) – parent(s), foster parents(s), legal guardians(s) of

_____, _____, _____
_____, _____, _____
_____, _____, _____
_____, _____, _____

(student’s name)(s)

(birthdate)(s)

(grade)(s)

That we are legally entitled to receive grades, reports, and other documents and information from school personnel (whether verbally or in writing).

That my/our signature(s) on any school form is a **legal authorization** by us and that our residence is

_____, in the City/Village of _____
(Street Address)

Macoupin/Madison Counties, Illinois within the territorial boundaries of Staunton Community Unit School District #6, Macoupin/Madison Counties, Illinois. That the said child’s residence within the said school district has not been established solely for the purpose of attending the schools thereof. That the following facts are sworn to, in order to permit the said school district to enroll the said child in the school of said district as a resident.

Please be advised that according to the Illinois School Code any person who attempts to enroll, enrolls or presents false information for the purpose of enrolling a non-resident student is guilty of a Class C misdemeanor. {Ref. 105 ILCS 5/10-20. 12b(e) &(f)}

Parents/Guardians must sign the **Verification Form** acknowledging they have submitted accurate information on the *Parent/Guardian Authorization Form & Affidavit of Residence* each year while the student is enrolled in the School District.

801 N. Deneen
Staunton, IL 62088

www.stauntonschools.org

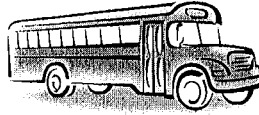
618-635-2962

The district may require a homevisit and/or additional documentation to verify residency.

Staunton Community Unit School District #6

2017-2018

Bus Registration Form:



Office Use Only

Assigned Bus Route: _____

Student Name: _____ Grade: _____

Home Address: _____
(Street) (City) (State)

What Bus Route was your child assigned to last year (if applicable)? _____

Parent (Guardian): _____ Relationship to Child: _____

Phone Numbers

Home: _____ Cell: _____ Work: _____

Parent (Guardian): _____ Relationship to Child: _____

Phone Numbers

Home: _____ Cell: _____ Work: _____

Emergency Contact: _____ Relationship to Child: _____

Phone Numbers

Home: _____ Cell: _____ Work: _____

Emergency Contact: _____ Relationship to Child: _____

Phone Numbers

Home: _____ Cell: _____ Work: _____

Other Eligible Drop-Off Location (i.e. State Licensed Daycare or Grandparent's home):

Address: _____
(Street) (City) (State)

Name of Supervising Adult: _____ Relationship to Child: _____

Phone Number: _____

Staunton CUSD #6 Buses may be monitored using video and audio.