



Niles Elementary School District 71
 6901 W Oakton St, Niles IL 60714
www.niles71.org
 847-966-9280

Student Information Packet

Complete 1 form for each student

Name (Last, First MI)	_____		
Primary Phone	_____		
Home Address	_____		
Mailing Address	_____		
Birthdate (MM,DD,YYYY)	_____		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Birth Place (City, State)	_____		

Type of Residency (*choose only one*)

- Homeowner
 Renter*
 Shared

*If you are renting, please provide us with the following information:

Name of Landlord _____

Landlord Phone _____ Date Contract Expires _____

If you have been at your rented address for less than 1 year, please list the prior address in which you had resided
 Address (Street, City, State, Zip)

Student Lives With (*choose only one*):

- Both Parents
 Father Only
 Mother Only
 Father & Stepmother
 Mother & Stepfather
 Guardian

The Illinois School Code mandates that parents or guardians be legitimate residents of the school's attendance area in order for their child(ren) to attend school. School districts violate State laws if they allow students who are not residents to attend a district school tuition-free

Mother's Information

Mother's Name
Mother's Cell Phone
Mother's Home Phone
Mother's Email
Mother's Maiden Name
Mother's Employer & Work Phone

Father's Information

Father's Name
Father's Cell Phone
Father's Home Phone
Father's Email
Father's Employer & Work Phone

Single Parent Household? () Yes () No

*Are there any custodial restrictions that the school district needs to be aware of?
Court papers will need to be supplied in custody cases and for guardianship*

Guardian's Day Phone
Guardian's Cell Phone
Guardian Email

List Additional Family Information for all children in the household

Child's Name	Grade	School	DOB

Previous School(s)	Address	Phone	Grade	Year
1)				
2)				

School Permission For Student

Please take the time to read and approve the following school policies as provided in Illinois School Code and District 71 School Board Policy. These documents are available on the District 71 website (www.niles71.org/parents/forms)

- Yes No I have read and agree to the policies described in the Student Handbook
- Yes No I have read and agree to the Electronic Network Access Policy
- Yes No I read and agree to the Chromebook Use Policy (grades 3-8)
- Yes No Do you need to be notified about Pesticide Application?
- Yes No I grant consent for media release as described in the media release form.

Transportation Information

Please answer the following statements concerning your student's travel to and from school

- Yes No My Child walks to and from school and knows the designated safety route to follow
- Yes No My Child is driven to and from school
- Yes No My Child rides to and from school on the school bus

Parent Signature _____	Date _____
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Emergency Contact Information

Contact #1

Name (Last, First)

Address (Street, City, State, Zip)

Cell Phone

Home Phone

Emergency contact has permission
to pick the student up?

Yes No

Relationship (Circle One)

- Aunt/Uncle
 - Brother/Sister
 - Friend/Neighbor
 - Grandparent
 - Other (specify)
-

Contact #2

Name (Last, First)

Address (Street, City, State, Zip)

Cell Phone

Home Phone

Emergency contact has permission
to pick the student up?

Yes No

Relationship (Circle One)

- Aunt/Uncle
 - Brother/Sister
 - Friend/Neighbor
 - Grandparent
 - Other (specify)
-

Contact #3

Name (Last, First)

Address (Street, City, State, Zip)

Cell Phone

Home Phone

Emergency contact has permission
to pick the student up?

Yes No

Relationship (Circle One)

- Aunt/Uncle
 - Brother/Sister
 - Friend/Neighbor
 - Grandparent
 - Other (specify)
-

Children of US Military Personnel *Please answer both questions*

Does the student have a parent or guardian that is a member of a branch of the armed forces of the United States and who is deployed to active duty during the school year?

Yes

No

Does the student have a parent or guardian that is a member of a branch of the armed forces of the United States and who is expecting to be deployed to active duty during the school year?

Yes If yes, when is the expected deployment? _____

No

Medical Information

Doctor

Name _____ Phone _____

Dentist

Name _____ Phone _____

Medical Alert:

In the space provided, please list any allergies or special medical issues that your child might have that we need to be aware of.

Medications at home:

In the space provided, please list any medication which is taken on a regular basis at home.

Medications at school:

If your student requires medication at school please refer to the **policy 7:270 Administering Medicines to Student Policy**
If medication is required to be administered at school the *School Medication Authorization Form* must be completed by the student's health care provider. A new form is required every school year.

Please contact the Nurse for all health issues.

Emergency Hospital Preference:

Lutheran General Hospital Resurrection

In case of emergency: When parent or family physician cannot be reached, school authorities will take whatever medical action that is reasonable and/or necessary. The parent or a legal guardian shall be responsible for any medical expense incurred.

Signature _____ Relationship _____ Date _____

Printed Name _____