



**ELMWOOD PARK COMMUNITY SCHOOL DISTRICT 401
STUDENT DATA FORM FOR SCHOOL YEAR 2018-2019**

STUDENT INFORMATION (please print)

Last Name: _____

First Name: _____

Middle Name: _____

Address: _____ Elmwood Park IL 60707

Home Phone: _____

Date of Birth: _____

Birthplace (city, state, country): _____

School: _____ Grade: _____

1st time in U.S. school (please circle): YES NO

Date student entered US school (if born outside of the United States): _____

Student lives with (please circle all that apply):

<input type="checkbox"/> Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father
<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Foster Care
<input type="checkbox"/> Other	<input type="checkbox"/> Custodian	<input type="checkbox"/> Partner

Natural/Adoptive parents' marital status (please circle one):

<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Court Ordered Separation
<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Other

PARENT/GUARDIAN INFORMATION (Please list stepparents in Emergency Contacts on back.)

Father's name (first, last): _____

Father's address (if different than student): _____

Daytime phone: _____ Cell phone: _____ Email: _____

Mother's name (first, last): _____

Mother's address (if different than student): _____

Mother's maiden name: _____

Daytime phone: _____ Cell phone: _____ Email: _____

Guardian's name (if other than mother/father): _____ Relationship: _____

Daytime phone: _____ Cell phone: _____ Email: _____

Siblings (attending District 401 schools)

Name	School	Grade

EMERGENCY INFORMATION (must be different than listed above)

Contact #1 name (first, last): _____

Relationship to Student: _____

Daytime phone: _____ Cell phone: _____

Contact #2 name (first, last): _____

Relationship to Student: _____

Daytime phone: _____ Cell phone: _____

List medical conditions

Medications	Allergies	Medical Conditions

Medical treatment release:

As a parent and/or guardian, I authorize the treatment by a qualified and licensed medical doctor for the minor listed on this form in the event of medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. Necessary first aid may be given at school. This release is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Guardian signature: _____ Date: _____