

Enrollment Information: Kildeer Countryside CCSD 96

STUDENT INTO PROTICE (SIGN	es print clearly):
Student Information (please	
First Name:	Middle Name:
Last Name:	
Street Address:	Apt. #:
City/State/ZIP code:	
Student date of birth:	/(month/date/year)
Does this student have phys	sical disabilities? If yes, please describe:
This student has (circle only Individualized Education	y as appropriate) an: Program (IEP) 504 Plan Individualized Health Considerations (such as allergies, diabetes, etc.)
Grade at enrollment in Distr	rict 96 (circle): EC KDG 1 2 3 4 5 6 7 8
Date enrolled in District 96:	// (month/date/year)
Primary Parent/Guardian	Info (please print clearly):
First Name:	Last Name:
Relationship to student:	
-	Parent/Guardian (Provide a frequently checked address to which the school district can
E-Mail Address for Primary I important info. Please print clearly.):	
important info. Please print clearly.):	: Guardian (Provide the phone number that school personnel should call to reach you):
important info. Please print clearly.): Phone for Primary Parent/G	Guardian (Provide the phone number that school personnel should call to reach you):
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important info. Please print clearly.): Phone for Primary Parent/Government Previous school the register School Name: School Address:	Guardian (Provide the phone number that school personnel should call to reach you):
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□ Prairie Elem. 1530 Brandywyn Ln. Buffalo Grove, IL 60089 847.634.3144 847.821.7571-FAX □ Twin Groves Middle School 2600 N. Buffalo Grove Rd. Buffalo Grove, IL 60089 847.821.8946 847.821.8949-FAX