



**SCHOOL ENROLLMENT APPLICATION - OFFICIAL DOCUMENT**

**East St. Louis School District 189  
1005 State Street  
East St. Louis, IL 62201  
Mr. Arthur Culver, Superintendent of Schools**

**“Excellence In Action”**

**2021-2022 Student Registration Packet**

**Once you have collected all of the documents listed below, please call or email Vickie Fair to make an appointment to complete your child(ren) enrollment.**

**Grades 9th-12th: [vickie.fair@estl189.com](mailto:vickie.fair@estl189.com) - 4901 State Street - 618-646-3444**

**To complete the registration process, the following items must accompany the packet:**

\_\_\_\_\_ Original State Certified Birth Certificate - **No souvenir copy will be accepted.**

\_\_\_\_\_ Valid Driver’s License or Valid State ID

\_\_\_\_\_ (2) Proofs of Residency (current utility bill, for example, Ameren Illinois, Illinois American Water, Lease, Occupancy Permit, signed Deed, or Mortgage Statement)  
**Everything must have your name on it.**

\_\_\_\_\_ Current Physical with Immunization Record(s), Dental, Eye Exam  
**The eye exam must be done by an actual eye doctor.**

\_\_\_\_\_ If a student has an IEP, the parent will have to complete a SPED Transfer Form that is included with this application. Student(s) 12 and older must sign the application too.



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**PLEASE PRINT NEATLY**

**Please complete the entire application and sign and date ALL areas.**

**Student Information**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Sex: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Phone: # \_\_\_\_\_ Are you a homeless or displaced family? \_\_\_\_\_ Yes \_\_\_\_\_ No

Current Grade: \_\_\_\_\_ Name of Last School Attended: \_\_\_\_\_

No Schooling Youth in Care/Foster Care  Yes  No IEP/Special Services Received:  Yes  No

List the Type of Service Received: \_\_\_\_\_

Does your child have any medical, learning, physical or other special needs of which we should be aware? \_\_\_\_\_

Does your home have access to the Internet and/or WiFi for Remote Learning?  Yes  No

**Military Parent/Guardian - OPTIONAL**

Is either of the parent(s)/guardian(s) a member of the armed services and is on active duty deployment or expects to be on active duty deployment during this school year?  Yes  No

**Family Information - PLEASE COMPLETE ALL SECTIONS THAT APPLY**

Lives With:  Parents  Mom  Dad  Grandparents  Guardian  Foster Parents  Other

**Parent 1** (First and Last Name): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Email: \_\_\_\_\_

Phone W/Area Code: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Employer: \_\_\_\_\_

**Parent 2** (First and Last Name): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Email: \_\_\_\_\_

Phone W/Area Code: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Employer: \_\_\_\_\_



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**Other School Age Children in District 189**

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Emergency Contacts Will Be Called In The Order Listed**

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ They Can Pick Up Your Child  Yes  No

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ They Can Pick Up Your Child  Yes  No

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ They Can Pick Up Your Child  Yes  No

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ They Can Pick Up Your Child  Yes  No

Is There Anyone Your Child **Should Not** Be Allowed Around

Name: \_\_\_\_\_

Is There An Order Of Protection In Force Against This Person  Yes  No

Name: \_\_\_\_\_

Is There An Order Of Protection In Force Against This Person  Yes  No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## SCHOOL ENROLLMENT APPLICATION - OFFICIAL DOCUMENT

### East St. Louis School District 189 Registration Form (V6.1) New U.S. Department of Education Race and Ethnicity Data Standards

Student's Name: \_\_\_\_\_ SIS ID: \_\_\_\_\_

(Printed in by School District)

**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 Ethnicity

**The question above is about ethnicity, not race. No matter which answers 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 only one.**

\_\_\_ American Indian or Alaska Native - A person having origins in any of the original peoples of North and South American, 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, Southwest 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.

\_\_\_ Hispanic - A person of Mexican, Puerto Rican, Cuban, Peruvian, or other Spanish-Speaking culture or origin, regardless of race.

\_\_\_ Multi Racial - A person descended from more than one racial group.

**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.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Home Language Survey**

**The state requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency.**

Please answer the questions below and return this survey to your child's school.

Student's Name: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

1. What is the primary language used at home, regardless of what the student speaks?

\_\_\_\_\_

2. What is the language first acquired by the student? \_\_\_\_\_

3. What is the language most often spoken by the student? \_\_\_\_\_

4. Is a language other than English spoken in your home? Yes \_\_\_\_\_ No \_\_\_\_\_

**If the answer to any of the questions is yes, the law requires the school to assess your student's English language proficiency. The test involves a lengthy exam taken outside of the class. It may result in enrollment in English as a Second Language (ESL), which is provided off-campus and limits the course selection.**

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



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**Transportation Form**

**Please fill out the following form indicating how your child will get to school.**

Student's Name: \_\_\_\_\_

**How will your child get back and forth to school daily? (Please circle your answer)**

- A) School Bus Ride to School                      B) School Bus Ride Home                      C) Walk Home
- D) Car Rider    E) Drive Themselves                              F) Public Transportation

**Does your child need any accommodations for Transportation?**

\_\_\_\_\_

**Kindergarten and Special Needs Door to Door Students**

If your child is Kindergarten, or a Special Needs student with door-to-door transportation someone must be at the stop to meet the child. Please list who can pick up your child from the stop. Please list as many people as you need that will meet your child.

NAME	RELATIONSHIP TO CHILD	PHONE NUMBER



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**Medication(s) - REQUIRED**

Please list all daily Prescription Medication(s) and/or Over the Counter and Dosages:

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Will the Medication(s) be administered during school hours:  Yes  No

**\*If yes, you are required to complete a Medication Authorization Form with the School Nurse.**

Does your child have any Health Restriction(s):  Yes  No If yes, please list them below:

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Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Physician: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Important: In an extreme medical emergency your child will be taken to the nearest trauma center.**



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## SIGN-UP FORM FOR SKYWARD FAMILY ACCESS

### **Electronic Signature Agreement and Consent to Submit and Obtain Information Via the Internet**

The School District has implemented an online registration process via Skyward Family Access. In addition, the School District makes student information available to parents/guardians via Skyward Family Access. The purpose of this form is to obtain the information, agreements, and consents necessary to implement and maintain your Family Access account. Please note that you must complete this form even if you already have a Family Access account.

This Agreement and Consent is specific to the individual parent/guardian named below, and the assigned user ID and password may only be used by that individual. Any parent/guardian who wishes to have access to the account must complete a separate form and obtain a separate user ID and password.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Child's Name	Name of School

By signing below, I acknowledge and agree as follows:

I certify that I am the parent or legal guardian of the student(s) identified above.

I understand that I will be issued a user ID and password for Skyward Family Access, and I hereby authorize the School District to issue the user ID and password to me. I agree to keep the user ID and password confidential. I agree that I will not share the user ID and password with anyone else, that I will maintain the security of the user ID and password, and that I will take appropriate steps to prevent disclosure of the user ID and password. If the user ID and/or password are disclosed, I agree to notify the School District of the disclosure immediately. I hereby release the School District from any and all claims relating to any inadvertent disclosure of student information resulting from my failure to maintain the security of my user ID and password.

I agree to submit an electronic signature, when requested, in connection with any form or information that I submit online.

For any and all forms/information submitted with my electronic signature, I agree that I will be legally bound, obligated, and responsible for the submission as if I had submitted the information in hard copy form with my handwritten signature.

I understand and agree that I will have access to student record information via my Family Access account and that the information may include attendance records, student schedules, food services records, discipline records, grades, homework, activities, events, contact, and demographic information, health records, and/or account/fee information.

I understand and agree that correspondence regarding my Family Access account will be communicated to me via email or other electronic means, and maybe automatically generated or sent by authorized staff.

I understand and agree that inappropriate or unauthorized use of the Family Access system may result in civil or criminal penalties, and that access may be suspended for delinquent accounts.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_





# SCHOOL ENROLLMENT APPLICATION - OFFICIAL DOCUMENT

*East St. Louis Area Joint Agreement, School Districts 188 & 189*

*Department of Special Education*

*1005 State Street*

*East St. Louis, IL 62201*

*Phone: 618-646-3160 Fax: 618-646-3015*

## SPECIAL EDUCATION STUDENT TRANSFER FORM

<b>STUDENT NAME</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>GRADE</b>	<b>SEX</b>
<b>GUARDIANSHIP STATUS</b>				
<input type="checkbox"/> NATURAL PARENT <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> DCFS- Ward of the State <input type="checkbox"/> OTHER				
<b>ADDRESS</b>			<b>CITY</b>	<b>ZIP CODE</b>
<b>HOME PHONE</b>	<b>CELL PHONE</b>	<b>WORK PHONE</b>	<b>TEACHER</b>	
<b>PREVIOUS DISTRICT:</b>				
<b>ETHNIC CODE (CHECK ONE)</b>				
<input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> ASIAN		<input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC/LATINO		<input type="checkbox"/> WHITE
<b>LANGUAGE SPOKEN IN HOME:</b>			<b>LANGUAGE USED BY STUDENT:</b>	
<b>STUDENT MODE OF COMMUNICATION:</b>				

I give consent for District 188 and 189 to request the following records:

- Eligibility and IEP reports
- Psychological assessment results and report
- Social Development and adaptive behavior reports
- Other

Permission received:  YES  NO

\_\_\_\_\_ Date  
Parent(s)/Guardian(s)/Foster Parent/Signature

\_\_\_\_\_ Date  
Student must sign if 12 years or older