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|-----------------|-----------------------------|--------------------------|-------------|----------------|-------------------|
| Office Use Only | Enrolled Date: _____ | Birth Certificate: _____ | HLS: _____ | Teacher: _____ | Student ID: _____ |
| | Address Verification: _____ | Internet Agreement _____ | Bus # _____ | Fee Paid _____ | |

Bloomington Public Schools District 87 - Student Registration Information

Student Information

It is essential for record keeping purposes that the student is enrolled with your child's full legal name and that this name be used on all school records.

Student Name: _____ Grade: _____
(Last) (First) (Middle)

Address: _____

Mailing Address (if different from home address): _____

Phone #: _____ Sex: _____ SSN (If Available): _____

Date of Birth: _____ Race: White Black Hispanic Native American

Place of Birth: _____
City, State, County and Country Asian/Pacific Islander Multi-Racial

Language Spoken at Home Other Than English: _____

Last School Attended: _____ Date last Attended: _____

Siblings **currently** attending District 87 schools:

Last Bloomington Public School Pupil Attended:

Name: _____ School Attending: _____
Raymond Bent Irving Oakland Sheridan
Stevenson Washington BJHS BHS

Name: _____ School Attending: _____

Information on Parent(s)/Guardian(s) with whom the student lives

Name 1: _____ Name 2: _____

Relationship to Student: _____ Relationship to Student: _____

Place of Work: _____ Place of Work: _____

Work Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Cell Phone #: _____

E-mail Address: _____ E-mail Address: _____

Information on Parent(s)/Guardian(s) with whom the student does not live

Name 1: _____ Name 2: _____

Address: _____ Home Phone: _____

Relationship to Student: _____ Relationship to Student: _____

Place of Work: _____ Place of Work: _____

Work Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Cell Phone #: _____

E-mail Address: _____ E-mail Address: _____

Emergency / Medical Information

Name(s), Phone Number(s) and Address(es) of Responsible Adult who will assume responsibility for the child if Parent(s)/Guardian(s) cannot be reached

1. _____
Name Address Home Phone Work Phone: Cell Phone:

2. _____
Name Address Home Phone Work Phone: Cell Phone:

3. _____
Name Address Home Phone Work Phone: Cell Phone:

Physician Name: _____ Phone Number: _____ Hospital: _____

Allergies/Medications/Known Problems: _____