

FAMILY INFORMATION

Complete Name of Each Student

_____	Grade Entering _____	Birth Date _____
_____	Grade Entering _____	Birth Date _____
_____	Grade Entering _____	Birth Date _____
_____	Grade Entering _____	Birth Date _____
_____	Grade Entering _____	Birth Date _____

Name of Parent's or Legal Guardian \_\_\_\_\_ SS # \_\_\_\_\_  
 \_\_\_\_\_ SS # \_\_\_\_\_

If you are not a citizen of the U.S. describe your present status:

\_\_\_\_\_  
 \_\_\_\_\_

Home Address \_\_\_\_\_  
 \_\_\_\_\_

Student Address if Different \_\_\_\_\_  
 \_\_\_\_\_

Contact Person(s) for Student(s) \_\_\_\_\_ Ph \_\_\_\_\_  
 \_\_\_\_\_ Ph \_\_\_\_\_

STUDENT ACADEMIC INFORMATION

All students are re-enrolling.       All students are new enrollees.

The following students will be new:

1. \_\_\_\_\_

Transferring from what school? \_\_\_\_\_  
 \_\_\_\_\_

2. \_\_\_\_\_

Transferring from what school? \_\_\_\_\_  
 \_\_\_\_\_

3. \_\_\_\_\_  
Transferring from what school? \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
Transferring from what school? \_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
Transferring from what school? \_\_\_\_\_  
\_\_\_\_\_

Please note that we do not accept students who have incurred the following situation:

- ✓ They have been expelled from a previous school.
- ✓ They have attended an alternative school for behavioral issues.
- ✓ They have carried a weapon to school property.
- ✓ They are more than two grades behind for their age.
  
- ✓ They are not fully restroom trained.

Yes, I have one or more students with special needs either medically or academically.  
If so, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your religious preference ? \_\_\_\_\_

### **PARENTAL AGREEMENTS**

- I have read the current Student Handbook.
- I will submit to the school required medical and vaccination forms or vaccination objection form.
- I agree to be responsible for all financial agreements with Illinois Central Christian School.
- I understand that a Financial Withdrawal Notice is issued to families who are more than one month behind on their school bill.

\_\_\_\_\_  
*Signature of Parent Responsible*

\_\_\_\_\_  
*Signature of School Official*