

AUBURN C.U.S.D. #10
STUDENT REGISTRATION FORM

Please read carefully and fill in all areas.

Student Information

Last Name: _____ First Name: _____ Middle Name: _____
Gender: _____ D.O.B.: ____ / ____ / ____ SSN: ____ - ____ - ____ Grad. Yr: _____
Place of Birth: _____ IL. SIS Code: _____
City State County (If Known)

Guardian / Mailing Information

Custodial Guardian(s): (1) _____ (2) _____
 Both Parents Mother Father Mother Father
 Step Mother Step Father Step Mother Step Father
 Other: _____ Other: _____

Guardian(1)

Guardian(2)

Guardian Name: _____ Home Address: _____ P.O. Box: _____ City, State, Zip: _____ Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____ Employer: _____ Custodial Guardian's Email: _____	Guardian Name: _____ Home Address: _____ P.O. Box: _____ City, State, Zip: _____ Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____ Employer: _____ Custodial Guardian's Email: _____
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Second Family (non-custodial / divorced parent)

Guardian (1)

Guardian (2)

Guardian Name: _____ Relationship to: _____ Home Address: _____ P.O. Box: _____ City, State, Zip: _____ Primary Phone: _____ Cell Work Phone: _____ Employer: _____ Email Address: _____	Guardian Name: _____ Relationship to: _____ Home Address: _____ P.O. Box: _____ City, State, Zip: _____ Primary Phone: _____ Cell Work Phone: _____ Employer: _____ Email Address: _____
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OVER >>>>>>>

EMERGENCY CONTACT INFORMATION

Please list 3 relatives/neighbors who WILL CARE FOR STUDENT IF PARENT/GUARDIAN CAN NOT BE REACHED. Student will be released to these RELATIVES/NEIGHBORS ONLY.

Emergency Contact #1:

Contact Name: _____ | Relationship: _____

Contact Phone #: _____

Emergency Contact #2:

Contact Name: _____ | Relationship: _____

Contact Phone #: _____

Emergency Contact #3:

Contact Name: _____ | Relationship: _____

Contact Phone #: _____

SIGNATURE PAGE

Please signify each section with an [X] and sign and date below.

Student Name: _____

AUBURN SCHOOLS HANDBOOK

[] I am now aware that I will receive a copy of the Auburn Schools Handbook which includes a copy of the internet use policy.

Medical Information

[] I authorize Community Unit School District #10 to medical information regarding my child to school personnel supervising my child.

Please list all student's pertinent health problems and/or allergies: _____

Doctor's Name: _____

Doctor's Phone #: _____

Preferred Hospital: _____

Hospital Phone #: _____

Medication Permission

All over the counter medications, such as Tylenol (Acetaminophen), Advil (Ibuprofen), cough medication, or any other over the counter medication will no longer be administered to students unless **all** of the following criteria are met:

1. Provide the medication to the school in the original **unopened** container from the manufacturer, and with your child's name affixed to the container.
2. Submit a written order from your child's physician.
3. Submit a written request and permission by the parent.

Authorization forms are available on the school website, under "District Forms", and on the school nurse's home page.

Publication Information

- [] I give permission to be contacted by phone or email through the District School Messenger system.
- [] My student's name, grade, award recognition, activity, and athletic information **MAY BE** included in press releases and school related websites or publications.
- [] My student's name, grade, award recognition, activity, and athletic information **MAY NOT** be included in press releases and school related websites or publications.

Community Unit School District #10 follows the practice of forwarding student records at the request of a District to which the student is transferring.

Parent/Guardian Signature

Date