

Genoa-Kingston CUSD #424

School Year: 2011-2012

Please complete the information on this form to enroll your student.

Grade: K 1 2 3 4 5 6 7 8 9 10 11 12

Full Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Social Security Number: _____

Date of Birth: _____
Gender: M F
Ethnicity: _____
Student lives with: _____
Guardianship: _____

Father: _____
Employer: _____
Work Phone: _____
Home Phone: _____
Cell: _____

Mother: _____
Employer: _____
Work Phone: _____
Home Phone: _____
Cell: _____

Emergency Contact 1: _____
Relationship: _____
Contact Number: _____

Emergency Contact 2: _____
Relationship: _____
Contact Number: _____

Emergency Contact 3: _____
Relationship: _____
Contact Number: _____

YES / NO I give permission for my child's picture/video and name to be used in informational news coverage, student awards, honors announcements, the district website and educational purposes. This does not include the school's yearbook.

YES / NO In an emergency, the principal or designated representative of my child's school is authorized to secure medical care and automobile or ambulance transport to Kishwaukee Hospital or the nearest hospital when I/we cannot be immediately reached at the time of the emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement.

Please indicate the amount of access to the internet you wish your child to have.

_____ My student DOES NOT have permission to access the internet.

_____ My student has permission to have LIMITED ACCESS to the internet.

_____ My student has permission to have STANDARD ACCESS to the internet.

If a **non-custodial** parent would like to receive literature newsletters, progress reports, and report cards, please indicate the name and address below.

Name

Address

City

State

Zip

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In the event of an unscheduled early dismissal my child will:

ride the bus home walk home walk to sitter ride the bus to sitter

pick up by parent go to after school program: _____

pick up by authorized person: _____

my child will need to phone: _____ number: _____

Daycare Provider: _____

Address: _____

Phone: _____

Please Pay Close Attention to the Following Information:

Registration Fees

* All registration fees are due at time of registration.

MealTime

* You can check the account prior to the start of school for any balance carryover.

* The student's first name can be used to create an on-line account. You do not need to put money into the on-line account in order to access the information.

Connect-Ed

* Please make sure phone numbers are accurate for your student.

* Your primary phone number will be used for community calls (notice of registration dates, district events, etc.)

* The primary number, as well as up to 6 numbers will be used for emergency calls (snow days, weather conditions, lockdowns, etc.).

Free and Reduced Applications

* Applications will be available after July 1, 2011.

* The only time milk is free is when your student is eligible for **free lunch AND purchases a hot lunch**. The cost of milk is \$.35 if purchased separately.

All registration information and forms can be found on the district website-www.gkschools.org-and returned with this form by August 2, 2011.

There will be a walk-in registration on Tuesday, August 3, 2011 from 11 am to 6 pm at each building.

Parent/Guardian Signature

Date