

1. STUDENT INFORMATION Year of Graduation: _____ Enrolling As: ___ Freshman ___ Sophomore ___ Junior ___ Senior

Student Legal Name: _____
Legal Last Legal First Legal Middle

Preferred Name: _____ Gender: ___ Male ___ Female

Date of Birth: ____/____/____ Birthplace (if other than US): _____ Date of US Entry: _____
Month Day Year Country

Student's Home Address: _____
Street City Zip Code

Name & Address of Current or Previous School(s) Attended:

 Do you currently have a child attending New Trier? _____ Yes _____ No
 *If you answered YES, please list their name(s) and grade(s):

Office Use:
 ID#: _____
 Entry Date: _____
 Transcript Requested: _____
 Re-Entry: No _____ Yes _____
 Residency Proof: ___ ISBE Form: ___

2. PARENT(S)/GUARDIAN(S) of HOUSEHOLD 1(You will have the opportunity to submit additional guardian(s) later):

Student resides with this Parent/Guardian _____ yes _____ no _____

Name (first and last):		Name (first and last):	
Relationship to Student: <i>(mother, father, step-parent, etc.)</i>		Relationship to Student: <i>(mother, father, step-parent, etc.)</i>	
Home Phone Number		Home Phone Number	
Work Phone Number		Work Phone Number	
Cell Phone Number		Cell Phone Number	
Mailing Address: <i>(Include if different from above)</i>		Mailing Address: <i>(Include if different from above)</i>	
E-mail Address:		E-mail Address:	

3. AFFIRMATION OF LEGAL RESIDENCY:

This child will be residing at this address during the _____ school year.

I understand that if the information above is determined to be false or misleading, resulting in the child/children named above not being legally entitled to attend New Trier High School, the school district will take legal action to recoup tuition costs and legal fees.

4. SIGNATURE

I authorize the Registrar to release all school records to other schools and for previous schools to send all records to District 203 for admission purposes. This signature verifies I am a resident of New Trier Township High School District 203 and all the information on this card is accurate.

X _____
 Parent/Guardian Signature

 Date