

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):*

Does your student have a 504 plan or IEP? _____

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

Office Use:	
ID#: _____	Residency Proof: _____ ISBE Form: _____
Entry Date _____	Health records _____ Birth Certificate _____
Transcript Requested: _____	IEP/540 _____
Re-Entry: No ___ Yes ___	