NEW TRIER
TOWNSHIP HIGH SCHOOL
DISTRICT 203

New Student Enrollment Form

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 (Apt. Unit #) *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):

_____

_____

Primary Administrator Contact at current school: Name, email address and phone number

_____

Does your student have a 504 plan or IEP? _____**If yes, please forward documentation to Enrollment@nths.net**

2. PARENT(S)/GUARDIAN(S) of HOUSEHOLD

Name ***(first and last):***		**Name** ***(first and last):***	
Guardian/Parent's relationship to Student		**Guardian/Parent's relationship to Student**	
Mobile Phone Number		**Mobile Phone Number**	
Home Phone Number		**Home Phone Number**	
Work Phone Number		**Work Phone Number**	
Mailing Address: ***(Include if different from above)***		**Mailing Address:** ***(Include if different from above)***	
E-mail Address: **(Please print clearly)**		**E-mail Address:** **(Please print clearly)**	

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 form is accurate.

X_____ _____
Parent/Guardian Signature Date

Office Use: *ID#:* _____ *Entry Date:* _____ *Official Transcript:* _____ *ISBE Form:* _____
Health records _____ *Birth Certificate* _____ *Ethnicity Form* _____ *IEP/504* _____ *Residency:* _____