

# Genoa-Kingston CUSD #424

School Year: 2010-2011

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: \_\_\_\_\_

Student SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Student lives with: \_\_\_\_\_

Email: \_\_\_\_\_

Father: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Mother: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

**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 ID number (which is needed to access the account) is located on the front of this form.

\* 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, 2010.

\* 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 \$.30 if purchased separately.

All registration information and forms can be found on the district website-[www.gkschools.org](http://www.gkschools.org)-and returned with this form by August 2, 2010.

**There will be a walk-in registration on Tuesday, August 3, 2010 from 11 am to 6 pm at each building.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

[www.gkschools.org](http://www.gkschools.org)