

CUSD#4 Registration Form

Student Information

Student Name _____ **Grade** _____ **Sex M/F** _____

Race _____ **Birth Date and Place** _____

Medical Condition/Medicine Taken _____

Student Name _____ **Grade** _____ **Sex M/F** _____

Race _____ **Birth Date and Place** _____

Medical Condition/Medicine Taken _____

Student Name _____ **Grade** _____ **Sex M/F** _____

Race _____ **Birth Date and Place** _____

Medical Condition/Medicine Taken _____

Student Name _____ **Grade** _____ **Sex M/F** _____

Race _____ **Birth Date and Place** _____

Medical Condition/Medicine Taken _____

Parent Information

Mother's Name _____ **Cell#** _____

Other # _____ **Email** _____

Place of Employment & Phone _____

Father's Name _____ **Cell#** _____

Other # _____ **Email** _____

Place of Employment & Phone _____

Guardianship (ex. Mom/Dad) _____

Address of Primary Guardian _____

Additional Address _____

Stepmother Info _____

Stepfather Info _____

Emergency Contact Information

Name and Phone# _____

Relationship to Student _____

Name and Phone# _____

Relationship to Student _____

Babysitter Information

Name and Phone# _____

Please list any Pre-School Siblings and their birth dates:

Is there a parent/guardian in the household who is a member of the U.S. Armed Forces who is currently or expected to be deployed? ___ Yes ___ No

Will need transportation? ___ Yes ___ No

Any additional information: _____

Parent Signature _____ **Date** _____



Community Unit School District #4

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"Home of the Mustangs"

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Mrs. Shelly Sheffler
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Authorization for the Release of Records to CUSD #4

Name of person making request: _____

Full Address: _____

Contact phone number: _____

Full Student Name on Records: _____

Date of Birth: _____ Last Grade Completed at Previous School: _____

Please forward the following information from your records, if applicable:

- Illinois State Board of Education Student Transfer Form
- Complete Transcript of Student's Grades and Test Scores
- Driver Education Classroom Hours and Grade, and Driving Hours
- Grades in Progress
- Health Records
- Current IEP and most recent Psychological Report and Social Development Study
- 504 Plan
- HELPS Form/Special Education Referral Forms
- Verification of Passing United States Constitution and Illinois Constitution
- Custody Situations
- Discipline Concerns

I, _____ (Requestor), authorize _____

(Previous School) to release any and all information concerning _____

(Student) scholastic background and health records to:

___ Unity Elementary School ___ Unity Middle School ___ Unity High School

Parent/Guardian Signature: _____

Date: _____

Community Unit School District #4

Verification of Residency

Student's Name: _____ Grade: _____
 Student's Name: _____ Grade: _____
 Student's Name: _____ Grade: _____

I, _____, live at _____
Name of Parent/Guardian Address
 which is located within the boundaries of Community Unit School District #4.

Step 1: Residency Verification

Do you: Own your own home Rent Other: _____

You must provide documentation showing you **live at** the address listed above. Please provide a copy of all three (3) of the following documents. All documents must be current and show your name and address. You should black out account and social security numbers on the documents.

You **must** provide one (1) document from Category A **and** two (2) documents from Category B. One document must be a utility bill or have been received via US mail.

Category A - One (1) document required

Category B - Two (2) documents required

| | |
|---|---|
| <ul style="list-style-type: none"> • Real estate tax bill • Mortgage document or closing statement • Signed, dated lease with proof of 2 rent payments* <p>*Landlord's signature on hand-written receipts must be notarized.</p> | <ul style="list-style-type: none"> • Gas bill • Electric bill • Water/Sewer bill • Phone bill • Insurance bill • Vehicle registration • Cable Bill • Bank/CC statement • Driver's license/State ID |
|---|---|

Please note that students will not be allowed to begin school without the required verification of residency. The district has the authority to conduct a home visit and/or require additional documentation to verify residency.

Step 3: Affirmation and Warning (MUST be completed in the presence of a District #4 employee)

Please read and initial each statement:

_____ I/We affirm that the information presented in this verification form, in connection with any investigation of my residency or the residency of the student, is true, complete and accurate.

_____ I/We understand that by knowingly enrolling a child in the school of a school district on a tuition-free basis when I know the child to be a nonresident of the school district, unless the nonresident child has a lawful right to attend will result in I/we being liable for payment of out of district tuition and fees.

I affirm that the information is true and correct _____
Parent/Guardian Signature

Date _____
Parent/Guardian Signature

Mendon CUSD #4

Home Language Survey

The Illinois School Code and the Emergency Immigration Act, Title VI of the Education Amendments of 1984 (PL 98-511) states that each school district shall administer a home language survey to every student entering the district's schools for the first time. Your cooperation is needed to meet this requirement.

Student Name: _____ Birthdate: ___/___/___

District School Entering (circle one): UE UMS UHS

Address: _____ Phone: _____

Parent/Guardian Signature _____ Date _____

Please Answer The Following Questions:

1. Is a language other than English spoken at home? Yes ___ No ___

If so, what language(s) other than English is/are spoken?

1.) _____

2.) _____

2. Does **the student** speak another language other than English at home?

Yes ___ No ___

1.) _____

2.) _____

3. Does **the student** read/write this/these language(s) above? Yes ___ No ___

4. Country of birth? _____

5. If the country of birth is **not** the United States (including The District of Columbia, Puerto Rico, or the U.S. Virgin Islands):

A. When did the student enter the U.S?

Circle month: Jan. Feb. March April May June July Aug. Sept. Oct. Nov. Dec. Year: _____

B. What grade did the student enter at his/her first U.S. school? _____

2022-2023 Transportation Request
Please submit with your registration
only if you need bussing.

Date _____

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

| | |
|--|----------------------------|
| PARENT NAME: ADDRESS: CITY, STATE ZIP: | Home Phone: Work Phone: |
|--|----------------------------|

Transportation Requested:
Your child may be picked up at one location and dropped off at a different location, morning and afternoon. Your drop off and pick up location will be for the quarter and may not be changed before the end of the quarter. We will not accept daily changes.

Morning pick up only Both AM and PM
 Afternoon pick up only

COMMENTS:

FOR OFFICE USE ONLY!

Approved
 Not Approved

Transportation Director Signature: _____ Date: _____

Bus # _____ : Driver: _____
Stop Location: _____

COPIES:
Parent (returned by Principal) Transportation Director
Principal/Secretary Regular Route Driver