

HAWTHORN SCHOOL DISTRICT #73
 201 Hawthorn Parkway • Vernon Hills, Illinois 60061

NEW STUDENT REGISTRATION

Homeroom Teacher _____ Grade _____

OFFICE USE ONLY

STUDENT NAME (LAST)	(FIRST)	(MIDDLE)	(NICKNAME)	BIRTHDATE	PLACE OF BIRTH
_____	_____	_____	_____	_____	_____

city _____ state _____

SOCIAL SECURITY NUMBER _____ TELEPHONE _____

STREET ADDRESS _____ CITY _____ ZIP _____ SUBDIVISION _____

Proof of birth for registration: Birth Certificate Passport Other _____

Father's Name _____ Occupation _____ Yrs. of Education _____

Mother's Name _____ Occupation _____ Yrs. of Education _____

ETHNIC BACKGROUND - This information is needed to complete required State and Federal Forms. Please check **one** appropriate space.
THIS SECTION IS OPTIONAL.

- | | |
|--|--|
| <input type="checkbox"/> White, Not of Hispanic Origin | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Black, Not of Hispanic Origin | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian or Alaskan Native | |

ACADEMIC HISTORY - Please attach a copy of the child's last report card and achievement test results if possible.
 If not, please indicate the grades the child achieved last year and the approximate level in his/her class (low, average, and high).

SUBJECT	GRADE	LEVEL	COMMENTS, IF ANY
1. Reading	_____	_____	_____
2. Math	_____	_____	_____

SPECIAL SERVICES - Has your child received any special services at any time in any school previously attended Yes No
 If Yes, Please check services received, indicate grade, and year(s) of service(s).

SERVICE	YES	GRADE	YEAR(s) OF SERVICE
Extra Reading Help	_____	_____	_____
Psychological Testing	_____	_____	_____
Learning Disabilities	_____	_____	_____
Bilingual/ESL	_____	_____	_____
Social Work/Counseling	_____	_____	_____
Speech/Language	_____	_____	_____
Gifted	_____	_____	_____
Nursing/Medical	_____	_____	_____
Other	_____	_____	_____

Do you feel your child is having difficulties in school? Yes No At Home Yes No

Is there anything special you would like the school to know about your child? _____

SIGNATURE

DATE